

**ADA AND PARATRANSIT**  
**POLICIES AND PROCEDURES**

**TWIN CITIES AREA TRANSPORTATION AUTHORITY**  
**275 EAST WALL STREET**  
**BENTON HARBOR, MICHIGAN 49022**

**CONTACT PERSON: Richard Lee, ADA Coordinator**

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**Board Approval Date \_\_\_\_\_**

**Board Chair Signature \_\_\_\_\_**

**This Plan is written as required by Federal Regulation 49 CFR 37.135**

## **INTRODUCTION**

The Twin Cities Area Transportation Authority (TCATA) is a public transit agency serving the Benton Harbor-Saint Joseph-Fairplain Michigan urbanized area. We provide fixed routes, demand response, and complementary ADA Paratransit services. The Authority was started in 1974 and is supported through Federal and State grants, farebox revenue, and local share provided by a property tax millage paid by the people of Benton Harbor. TCATA receives funding as a small urban agency serving urbanized areas greater than 50,000 people through the Federal Transit Administration program 49 USC 5307.

The provision of transportation services to people with disabilities is governed by the Americans with Disabilities Act of 1990. (49 CFR 37) The ADA requires, in part, that *“No entity shall discriminate against an individual with a disability in connection with the provision of transportation service.”*

Any public transit authority operating a fixed route transportation service that is required to provide complementary paratransit service is required to develop a paratransit plan. (49 CFR 37.135)

## **ADDITIONAL ONLINE INFORMATION**

TCATA maintains an online resource with extensive information about our ADA and paratransit services including paratransit rider application, service area map, and policies and procedures information.

It can be found at: <https://www.mywaythere.org/paratransit.asp>

## **SERVICE AREA AND DESCRIPTION OF FIXED ROUTES**

Under the ADA, TCATA shall provide complementary paratransit service to origins and destinations within corridors with a width of three-fourths of a mile on each side of each fixed route. The corridor shall include an area with a three-fourths of a mile radius at the ends of each fixed route. Service is origin to destination, or door-to-door. Regular TCATA demand response service is curb to curb.

TCATA currently operates three fixed routes that operate six days a week, excluding Sunday. The Red Line is a one-way loop route that begins at TCATA headquarters at 275 E Wall St Benton Harbor and travels to St. Joseph, Lakeland Hospital, Meijers Stevensville, and returns to TCATA via I-94 and Benton Harbor city streets. The Blue Line is a one-way loop that starts at TCATA and winds through Benton Harbor streets to the shopping area in Benton Township with stops that include Intercare, Walmart, Meijers, and River Terrace apartments. The Yellow Route is linear route that travels in both directions from TCATA with stops at Benton Manor, KPEP, the Boys and Girls Club, and Intercare.

TCATA provides ADA complementary paratransit service to individuals needing to be picked up at origins within  $\frac{3}{4}$  of a mile from these fixed routes.

(See appendix A for a map of fixed routes and ADA service territory.)

## **ELIGIBILITY**

Eligibility for the TCATA paratransit program is defined as follows:

- (1)** Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable individuals with disabilities.
- (2)** Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride

and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route on the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route.

**(3)** Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on such system.

Individuals accompanying an ADA paratransit eligible individual shall be provided service as follows:

**(1)** One other individual accompanying the ADA paratransit eligible individual shall be provided service –

**(i)** If the ADA paratransit eligible individual is traveling with a personal care attendant, the entity shall provide service to one other individual in addition to the attendant who is accompanying the eligible individual.

**(ii)** A family member or friend is regarded as a person accompanying the eligible individual, and not as a personal care attendant, unless the family member or friend registered is acting in the capacity of a personal care attendant.

**(2)** Additional individuals accompanying the ADA paratransit eligible individual shall be provided service, if space is available for them on the paratransit vehicle carrying the ADA paratransit eligible individual and that transportation of the additional individuals will not result in a denial of service to ADA paratransit eligible individuals.

**(3)** In order to be considered as “accompanying” the eligible individual for purposes of this paragraph (f), the other individual(s) shall have the same origin and destination as the eligible individual.

To determine eligibility, TCATA asks you to designate the health care or human services professional that is most familiar with your “ability to travel”. The person you designate could be a doctor, physical or occupational therapist, or an agency professional who is very familiar with your mobility. TCATA may contact that

person to verify your mobility limitations. If, by a date 21 days following the submission of a complete application, TCATA has not decided of eligibility, the applicant shall be treated as eligible and provided service until and unless TCATA denies the application. Certification will expire after a five-year period. Two months prior to the end of that five-year period, TCATA will notify you and provide you with a Certification Renewal form.

(See appendix B or website for ADA Paratransit Application Form)

### **APPEALS PROCESS**

When TCATA receives your completed application, it will be reviewed for eligibility. You will be notified within 21 days if your application is approved, approved with conditions, or denied. If your application is approved with conditions or not approved, you have a right to appeal and have an opportunity to provide additional information for reconsideration.

### **FARES**

All customers on the paratransit service are required to pay the exact fare to receive service. The exact fare per trip can be a cash one-way fare, punch card, token, or prepaid by an agency. The fare shall not exceed half the fare that would be charged on TCATA's fixed route system. Personal care attendants ride free. Companions pay the same fare as the eligible paratransit rider.

(See appendix C or website for fare structure and service hours.)

### **HOURS OF SERVICE**

The ADA requires that complementary paratransit service should be available throughout the same hours and days as TCATA regular fixed route service.

TCATA provides ADA paratransit service during the same hours and days as the fixed route service. Paratransit service will also follow any abbreviated schedule as defined by the fixed service schedule of holidays or emergency closings. The service hours will expand or contract if the fixed route days or hours of service are changed.

(See appendix C or website for service hours.)

### **RESERVATIONS**

The ADA requires that TCATA schedule service at least one day in advance, negotiate a time no more than one hour before or after the requested time, and that the dispatch office is open within our normal business hours. Depending on availability, TCATA may be able to provide rides scheduled on the same day as the requested service.

The TCATA dispatch office will operate at a minimum within the normal business hours of the agency. These hours are 6 a.m. to 6 p.m. Monday through Friday. Customers can call up to fourteen days in advance to reserve a ride. The normal dispatch number for TCATA is (269) 927-4461. A special ADA/Paratransit dispatch number may also be used at (269) 934-9589.

### **NO SHOW POLICY**

The ADA allows a public transit agency to establish an administrative process to suspend, for a reasonable period, the provision of complementary paratransit service to ADA eligible individuals who establish a pattern or practice of missing scheduled trips.

These following guidelines and consequences are hereby established concerning no shows:

- Passengers should be prepared to board the vehicle up to five minutes prior to and thirty minutes after the scheduled pickup time.
- Passengers are responsible for being prepared for departure at the time agreed upon between TCATA and the passenger during scheduling.

- Drivers are not responsible for the preparation of passengers for trips.
- Repeated failure to comply by a passenger may result in suspension of services.
- TCATA management is responsible for monitoring and enforcing this policy.

### **SUBSCRIPTION POLICY**

The subscription service may not absorb more than 50% of the number of trips in any given time of day, unless there is excess non-subscription capacity.

There are no trip purpose restrictions or prioritization considered in applying for subscription service. Subscriptions are reviewed on a regular basis to maximize productivity and efficiency.

Subscriptions may be cancelled on designated holidays or emergency closings. Passengers who make the same trip on the same day and at the same time at least once a week for thirty days may request a subscription service.

### **VISITOR POLICY**

The ADA requires public transit agencies that provide complementary paratransit service to make the service available to visitors. For purposes of this section, a visitor is defined as an individual with disabilities who does not reside in the jurisdiction served by TCATA.

TCATA will treat as eligible for its complementary paratransit service all visitors who present documentation that they are ADA paratransit eligible in the jurisdiction in which they reside. With respect to individuals who do not present such documentation, TCATA may require documentation of the individual's place of residence and, if the individual's disability is not apparent, of his or her disability. TCATA provides paratransit service to individuals with disabilities who qualify as visitors. TCATA accepts certification by such individuals that they are unable to use fixed route transit.

TCATA will make the service to a visitor required by this section available for any combination of 21 days during any 365-day period beginning with the visitor's first use of the service during such 365-day period. TCATA will not require a visitor to apply for or receive eligibility certification from TCATA before receiving complementary paratransit service.

### **SERVICE QUALITY**

TCATA will be guided in its provision of ADA Paratransit service by *49 CFR Part 37 - TRANSPORTATION SERVICES FOR INDIVIDUALS WITH DISABILITIES (ADA)* and *FTA C 4710.1 Americans with Disabilities Act: Guidance*.

*Paratransit* means comparable transportation service required by the ADA for individuals with disabilities who are unable to use fixed route transportation systems.

The ADA requires that each public entity operating a fixed route system shall provide paratransit or other special service to individuals with disabilities that is comparable to the level of service provided to individuals without disabilities who use the fixed route system.

#### **Highlights of TCATA ADA Paratransit Service:**

##### **Origin to destination service**

“Origin-to-destination service means providing service from a passenger’s origin to the passenger’s destination. A provider may provide ADA complementary paratransit in a curb-to-curb or door-to-door mode. When an ADA paratransit operator chooses curb-to-curb as its primary means of providing service, it must help those passengers who need assistance beyond the curb in order to use the service unless such assistance would result in a fundamental alteration or direct threat” (§ 37.3). “Except as provided in this section, complementary paratransit service for ADA paratransit eligible persons shall be origin-to-destination service” (§ 37.129(a)).



### **Hours of service**

TCATA's complementary paratransit service is available throughout the same hours and days as our fixed route service.

### **Service Territory**

TCATA provides complementary paratransit service to origins and destinations within corridors with a width **of three-fourths of a mile on each side of each fixed route. The corridor shall include an area with a three-fourths of a mile radius at the ends of each fixed route.**

### **Trip reservations and response time**

TCATA schedules and provides paratransit service to any ADA paratransit eligible person at any requested time on a particular day in response to a request for service made the previous day. Reservations may be taken by reservation agents or by mechanical means.

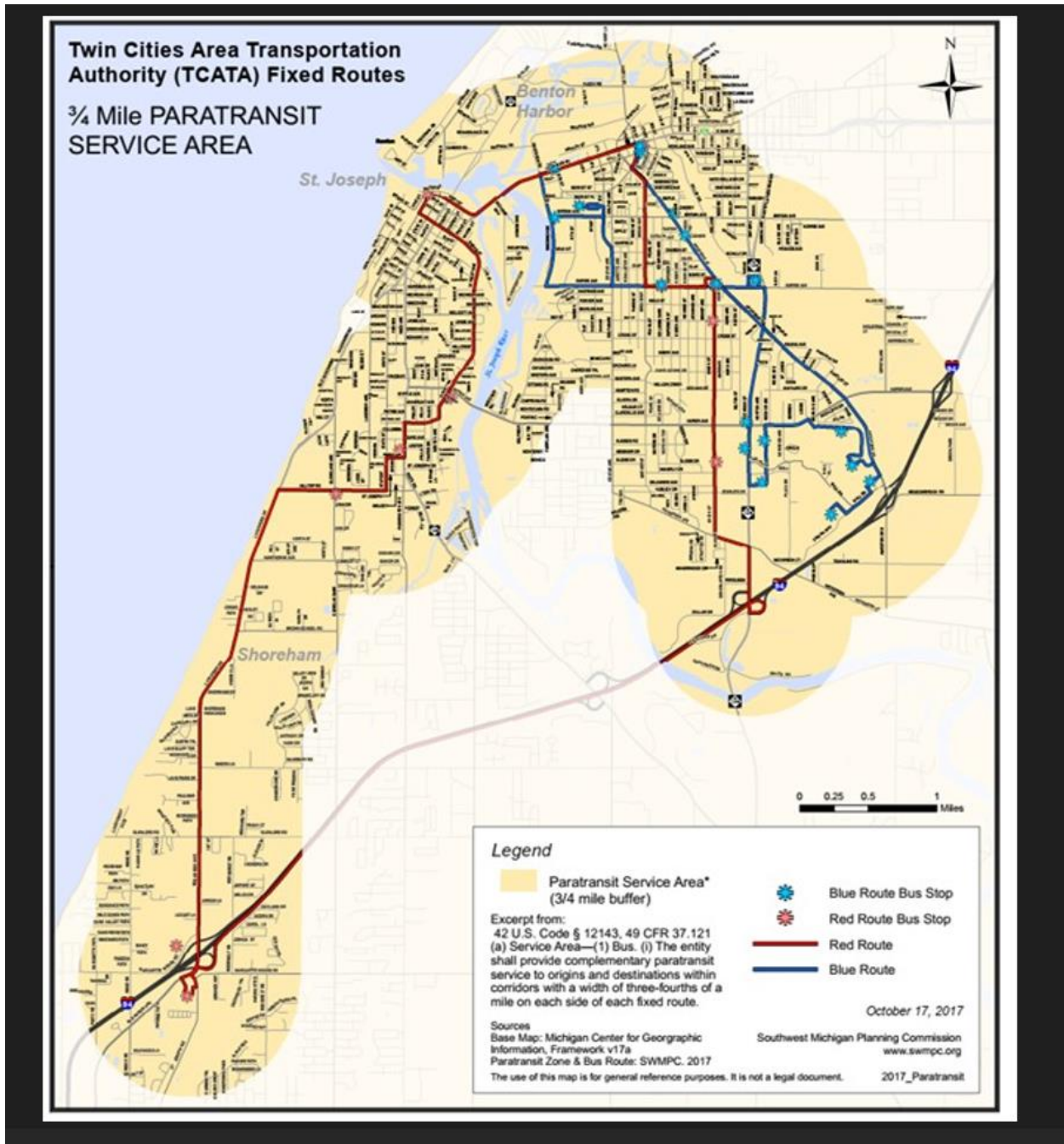
### **Fares**

TCATA ADA Paratransit fares are no more than half the regular fixed route fare.

### **Trip Purpose**

TCATA does not impose restrictions or priorities based on trip purpose. TCATA does not limit the availability of complementary paratransit service to ADA paratransit eligible individuals by any of the following: (1) Restrictions on the number of trips an individual will be provided; (2) Waiting lists for access to the service.

# APPENDIX A



APPENDIX B

ADA Complementary Paratransit Application Form

# TWIN CITIES AREA TRANSPORTATION AUTHORITY

275 E. WALL ST.  
BENTON HARBOR, MI 49022

## ADA Complementary Paratransit Application

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Number

Street Apt #

\_\_\_\_\_ City

State Zip Code

### Mailing Address (if different than above)

\_\_\_\_\_ Number

Street Apt #

\_\_\_\_\_ City

State Zip Code

E-Mail Address \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Alternate Format	N T B L P E	Certification	C U T
Applic. Rec'd.	_____	Mob Device	_____
Determination Due	_____	Expiration	_____
Med. Ref. Req.	_____	Letter Sent	_____
Med. Ref. Rec'd.	_____	Jurisdiction	_____
ID #	_____		
Disability Type	_____		
Disability Description	_____		
PCA?	Yes	No	

Do you manage your own affairs and deal with your own mail?  Yes  No

If no, to whom should important correspondence be mailed?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Number

Street

Apt #

\_\_\_\_\_ **Phone**(\_\_\_\_\_) \_\_\_\_\_

State

Zip Code

**Emergency Contact:** This is a person who is authorized to make day-to-day and/or emergency decisions regarding service for the applicant. (In most cases this will be a provider or family member)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

(2)

## **Introductions and Instructions**

Twin Cities Area Transportation Authority (TCATA) is **your** public transit system. Our mission is to provide the community with public transportation services that are dependable, convenient, safe, cost effective, and **accessible for all**.

TCATA provides three transportation services: Demand Response (door- to-door), Fixed Route bus service, and a paratransit service for individuals who are unable to use the Fixed Route bus system some or all the time (6am-10pm).

**To determine whether you are eligible for TCATA paratransit service, we need to know if there is any part of the regular accessible bus system you cannot use due to your disability. Eligibility is not based on the disability itself, but on how it prevents you from using the regularly accessible bus routes.** It is possible for you to be eligible for some trips, but not others. If this is the case, you will be paratransit eligible *with conditions*, the conditions being the circumstances preventing your use of the accessible bus system.

### **ADA paratransit eligible individuals fall into one of the following definitions:**

- Any individual with a disability who is unable, as the result of a physical or mental health or psychiatric disability (including a visual disability), to board, ride, or disembark from a fixed-route vehicle on TCATA.
- Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride, or disembark from any vehicle, and one is not available on the route.
- Any individual with a disability who has a specific disability-related condition which prevents the individual from traveling to a boarding location or from a disembarking location served by the fixed-route system.

This application will help TCATA determine whether you qualify for paratransit service according to the criteria noted above. Return your completed application to: **Twin Cities Area Transportation Authority, 275 E. Wall St., Benton Harbor, MI 49022**; you will need to apply postage. Completed applications can also be **faxed** to TCATA at **269-927-2310**.

(3) The enclosed Physician or Agency Professional Verification form asks you to designate the health care or human service professional that is most familiar with your "ability to travel." The person you designate could be a doctor, physical or occupational therapist, human service professional (such as a social worker), who is very familiar with your mobility. TCATA may contact that person to verify your mobility limitations.

If approved, your certification will be for a 3-year period. Two months prior to the end of that 3-year period, you will be notified and provided with a Certification Renewal form.

When TCATA receives your **completed** application, it will be reviewed for eligibility. You will be notified within 21 days if your application is approved, approved with conditions, or denied. If your application is approved with conditions or not approved, you have the right to appeal and have an opportunity to provide additional information for reconsideration. You will receive the appeal process with your letter.

**If you have any questions about this form or need it provided in a different format, please call TCATA at (269) 927-2268.**

*The information obtained in this certification process will only be used by TCATA for the provision of ADA complementary paratransit service. Information will only be shared with other transit providers to facilitate your travel in their operating areas, should you so desire. This information will not be provided to any other person or agency and will be kept strictly confidential.*

**Please be sure to complete all parts of this application; applications cannot be processed unless all questions are completed. Be sure to complete the front cover with the applicant's personal information.**

## **Applicant Questionnaire**

Do you need this application and future written information provided in a different format?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If Yes, specify below or call **(269) 927-2268**.

\_\_\_\_\_ Large Print      \_\_\_\_\_ Braille Print      \_\_\_\_\_ Audio

Other \_\_\_\_\_ Email \_\_\_\_\_

**If No, please continue**

(4)

## **Contact Information**

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Number

Street \_\_\_\_\_ Apt # \_\_\_\_\_

\_\_\_\_\_ City

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mailing Address** (if different than above)

\_\_\_\_\_ Number

Street \_\_\_\_\_ Apt # \_\_\_\_\_

\_\_\_\_\_ City

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

Do you manage your own affairs and deal with your own mail?  Yes  No

If no, to whom should important correspondence be mailed?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt # \_\_\_\_\_

\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ State

Zip Code \_\_\_\_\_

**Emergency Contact:** This is a person who is authorized to make day-to-day and/or emergency decisions regarding service for the applicant. (In most cases this will be a provider or family member)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

(5)

**FIXED-ROUTE SERVICE**

*Please answer the following questions:*

**Do you currently use Fixed Route TCATA buses?**

\_\_\_\_\_ Yes (Checking yes will not disqualify you from receiving paratransit services).

\_\_\_\_\_ **No** (If no, answer next question):

**If No, which of the following limit your ability to use fixed-route buses (check all that apply):**

- Physical disability
- Visual disability
- Developmental disability
- Mental health/psychiatric disability
- Other (indicate) \_\_\_\_\_

**What would help you ride the fixed-route buses? (Check all that apply):**

- Knowing more about fixed-route buses.
- Learning to travel in the community.
- A lift or ramp (accessible bus).
- Communications aid
- Other (indicate) \_\_\_\_\_

**Can you follow written or oral instructions to use the fixed-route buses? (check all that apply):**

- Yes, always
- Yes, sometimes
- No
- I do not know, because I have never tried it.
- I get too confused and might get lost.
- I probably could with training.
- Other (indicate) \_\_\_\_\_

**Do you know where to get on/off the bus? (Check all that apply):**

- Yes, always
- Yes, sometimes
- No
- I get confused or cannot remember where I am going.
- I do not know where my bus stop is located.
- I can if the driver calls out the stops.
- I probably could with training.



\_\_\_\_\_ Other (indicate) \_\_\_\_\_

**Does the weather ever keep you from using fixed-route buses?**

\_\_\_\_\_ Yes. (Tell us how the weather keeps you from using fixed-route buses):

\_\_\_\_\_

\_\_\_\_\_ No

\_\_\_\_\_ I do not know.

**Does any of the following keeps you from using the fixed-route buses? (Check all that apply):**

\_\_\_\_\_ There are no sidewalks (Please tell us where)

\_\_\_\_\_

\_\_\_\_\_ The sidewalks are not accessible or safe (Please tell us where)

\_\_\_\_\_

\_\_\_\_\_ My mobility aid will not fit on the lift.

\_\_\_\_\_ I cannot steady myself when the lift is moving.

\_\_\_\_\_ I do not feel secure on the lift.

\_\_\_\_\_ I probably could with training.

\_\_\_\_\_ Other (indicate) \_\_\_\_\_

**Please explain as completely as possible how your disability prevents you from boarding, riding and exiting a regular fixed route bus.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How would you best describe your disability or condition as it impacts your transportation needs?**

\_\_\_ Permanent \_\_\_ Deteriorating \_\_\_ Changeable \_\_\_ Temporary

If temporary, until what date \_\_\_\_\_

**Are there other effects of your disability or condition that we need to be aware of to provide you with appropriate service?**

\_\_\_\_\_

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**Which of these aids or equipment do you usually use to help you get where you need to go?**

- Cane       Manual Wheelchair       Personal Care Attendant  
 White Cane       Electric Wheelchair       Power Scooter  
 Crutches       Walker       Other \_\_\_\_\_  
 Oxygen       Service Animal       None

**Do you need a wheelchair accessible/lift equipped vehicle?**

- Yes       No

If you use a manual or powered wheelchair or scooter, is it more than 30 inches wide, more than 48 inches long, or does it, when in use, weigh more than 600 pounds?       Yes       No

**Do you ever need the assistance of another person to be able to travel?**

- Yes       No       Sometimes

**If Yes, when do you need help?**

- Getting to/from vehicle.  
 Getting to the bus stop.  
 Getting on or off the bus.  
 Getting on or off the vehicle.  
 Help while I ride the bus.  
 Help to get to where I am going once, I am off the bus  
 Other (indicate) \_\_\_\_\_

**What is the longest distance you can walk/travel on level ground without the assistance of another person? (Example 370 feet = 1 block)**

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Is there any other information not covered in this application that you would like TCATA to consider when reviewing your eligibility for paratransit services?

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**PHYSICIAN OR AGENCY PROFESSIONAL AUTHORIZATION**

Please provide the name, address, and contact information for your health care providers who can verify the information contained in this application.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

I certify that the information I gave in this application is true and correct. Falsification of information may result in denial of service. I understand all healthcare information will be kept confidential except as needed for verification. Only the information required to provide the services I request will be disclosed to those who perform those services. I have read and agree to comply with the policies and procedures set forth by the Twin Cities Area Transportation Authority.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

(If Applicant is a minor or incapable of signing this application, please complete page 5)

**CERTIFICATION OF APPLICANT**

If someone has completed this application other than the person applying for certification, that person must complete the following:

I certify that the information provided in this application is true and correct based upon my knowledge of the applicant's health condition or disability.

I certify that the information provided in this application is true and correct based upon information given to me by the applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**Return completed application form to:**

Twin Cities Area Transportation Authority

Attn: Richard Lee

275 E. Wall St.

Benton Harbor, MI 49022

**Fax #: 269-927-2310**

If you have any questions regarding completing this application form, the process for becoming certified, or need help completing the application, please contact our Office Manager:

**Richard Lee**

**at: (269) 927-2268.**

**APPENDIX C**

**FARE STRUCTURE AND SERVICE HOURS**

**APPENDIX C  
SERVICE HOURS**

	<b>Fixed Route</b>	<b>Demand Response</b>
<b>Weekdays</b>	<b>6:00 A.M. to 10:00 P.M.</b>	<b>6:00 A.M. to 6:00 P.M.</b>
<b>Weekend</b>	<b>8:00 A.M. to 10:00 P.M.</b>	<b>8:00 A.M. to 4:00 P.M.</b>

**FARE STRUCTURE**

<b>Demand Response</b>			<b>Royalton Township</b>		
<b>Benton Harbor</b>		<b>Others</b>	<b>Benton Harbor</b>		<b>Others</b>
<b>Regular</b>	<b>\$2.00</b>	<b>\$3.00</b>	<b>Regular</b>	<b>\$4.50</b>	<b>\$6.00</b>
<b>Senior</b>	<b>\$2.00</b>	<b>\$3.00</b>	<b>Senior</b>	<b>\$2.25</b>	<b>\$3.00</b>
<b>Disabled</b>	<b>\$2.00</b>	<b>\$3.00</b>	<b>Disabled</b>	<b>\$2.25</b>	<b>\$3.00</b>
<b>ADA Eligible</b>	<b>\$2.00</b>	<b>\$3.00</b>	<b>ADA Eligible</b>	<b>\$2.00</b>	<b>\$3.00</b>
<b>Children 1-11</b>	<b>\$2.00</b>	<b>\$3.00</b>	<b>Children 1-11</b>	<b>\$2.00</b>	<b>\$2.50</b>

**FIXED ROUTE SERVICE**

<b>Regular</b>	<b>\$1.00</b>
<b>Seniors</b>	<b>.50</b>
<b>Disabled</b>	<b>.50</b>
<b>ADA Eligible</b>	<b>.50</b>
<b>Children 1-11</b>	<b>.50</b>

