



Laredo Transit Management, Inc.

# DRUG REHABILITATION FARE PROGRAM

Fixed Route Bus Service Only

For those who are enrolled in a drug rehabilitation therapy, as mandated by court orders.

## Application

### INSTRUCTIONS

**APPLICANT:** Fill out the information in the “To Be Completed by Applicant” section and submit to Licensed Chemical Dependency Counselor (LCDC) and/or Court Ordered.

**LCDC OR AGENCY:** Please complete all items (Item1-7) in section marked “Licensed Chemical Dependency Counselor” and/or Court Ordered.

**Complete Application should be returned to:**

Laredo Transit Management, Inc. Customer Service Office  
1301 Farragut St. 1st Floor, Lobby  
Laredo Texas 78041

Once applicant has been approved, they will be notified and be required to come into one of our administrative offices and obtain a photo ID card. The process may take up two weeks upon receipt of the application to be approved for eligibility. You may call (956) 795-2280 ext. 221 with any questions or concerns regarding your application status.

# **DRUG REHABILITATION FARE PROGRAM**

## **Fixed Route Bus Service Only**

### **ELIGIBILITY CRITERIA**

#### General Provisions:

1. The Eligibility Criteria listed on page 2 of the application are the sole basis for the determination of a disability for the Laredo Transit Management, Inc. Drug Rehabilitation Fare Program (DRFP).
2. A DRFP fare photo identification (I.D.) card will be required for anyone using this program. The I.D. card is only valid until expiration date shown on card.
3. Laredo Transit Management, Inc. reserves the right to verify Certification Forms by contacting persons completing the forms including LCDC and/or court offices.
4. Any fees charged for the completion of The Certification Form are not the responsibility of Laredo Transit Management, Inc.
5. Certification Forms will be kept confidential and on file at Laredo Transit Management, Inc. during the period of eligibility.
6. I.D. fee of \$2.00 is required for all cards and will be renewed on a monthly basis.
7. Proof of ownership verified with additional identification may be requested at any time by El Metro bus operators. Misuse of I.D. card may result in confiscation and permanent denial of DRFP benefit.
8. The criteria for eligibility in the application are in accordance with the following definition:  
  
“A person attending a drug rehabilitation program, must be enrolled with a Licensed Chemical Dependency Counselor, be current with all appointments, and have court orders in file that mandate the applicant to receive such treatment.”

# DRUG REHABILITATION FARE PROGRAM

## Fixed Route Bus Service Only

### Application

#### TO BE COMPLETED BY APPLICANT

1. Name \_\_\_\_\_  
(Last) (First) (M.I.)

2. Address \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City) (State) (Zip)

3. Sex: ( ) Male ( ) Female 4. Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

5. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Minimum – Last 4 digits required)

6. Phone Number \_\_\_\_\_

7. Signature \_\_\_\_\_

8. Valid Texas ID \_\_\_\_\_

#### Licensed Chemical Dependency Counselor

##### Please Print

1. LCDC Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Office Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

3. LCDC Licensing Identification Number \_\_\_\_\_

4. Signature \_\_\_\_\_

#### Court Ordered Verification:

Court Number: \_\_\_\_\_

Presiding Judge: \_\_\_\_\_

Date of Proceedings: \_\_\_\_\_

Court Seal/Stamp	
By _____	Date _____

# PROFESSIONAL CERTIFICATION

## ELIGIBILITY TIMELINE

6. The rehabilitation schedule:

Temporary (X) Estimated Period of Disability from \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

\*\*\*\*Certification is valid for a period of time not to exceed twelve months.

**Mandatory Requirement: Each applicant is required to renew certification on a monthly basis during the rehabilitation period.**

For office use only:  Approved  Denied By \_\_\_\_\_ Date \_\_\_\_\_  
Notification Date: \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_