



609 SW Bishop • PO Box 286 • Lawton, OK 73502 • Phone 580-248-5252 • Fax 580-248-7003

**SPECIAL EFFORTS PROGRAM ELIGIBILITY
APPLICATION**
(Please type or print)

I, _____ certify that _____
meets the eligibility requirements set forth below for transportationally disabled**
individuals:

Nature of Transportation Disability:

Duration of Condition: _____

I recommend that he/she be issued a LATS ID card qualifying him/her to pay a reduced
fare for passage on the LATS Fixed Route System.

This form must be signed by a doctor or qualified caseworker.

Signed

Date

Agency Name

Address

Phone #

**Persons who, because of age or disabilities, are unable without special planning of
design to utilize mass transportation facilities and services as effectively as persons who
are not so affected.

Additional Applicant Information:

Date of Birth: _____

Address: _____

Zip Code: _____

Phone Number: _____