



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

Medicare Senior Disabled Application

(All applicants must fill out this portion of the form)

Name: _____

Date of Birth: _____

Address: _____

Zip Code: _____

Phone Number: _____

Signature: _____

Eligibility requirements for passengers who are disabled

(This portion of the form must be filled out and signed by a doctor or qualified healthcare provider knowledgeable of your disability)

(Please type or print)

I, _____ certify that _____
meets the eligibility requirements set forth below for transportation 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.

Signed

Date

Agency Name

Address

Phone #