

APPLICATION FOR REDUCED FARE

Photo is required to make Reduced Fare ID Card.

I am applying for a reduced fare identification card based on the following:

☐ **Senior (age 62 & over)** ☐ **Disabled** ☐ **Youth (age 6-17)**

(Please print or type)

Name _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Other Phone _____

Date of Birth ____/____/____ ☐ Male ☐ Female

Email Address: _____

Please provide the name and phone number of a LOCAL friend or relative to contact in the event of an emergency (if under 18 years old, please provide parent/guardian information):

Name _____ Relationship _____

Daytime Phone _____ Evening Phone _____

Parent/Guardian Signature: _____

Proof of Eligibility:

- **Senior or Youth** (photo ID showing DOB): _____
- **Disabled:** (Please note that disabled passes may be issued on a permanent or temporary basis, and recertification may be required.)

<input type="checkbox"/>	Receives Social Security Disability Benefits or Supplemental Security Income Benefits because of disability
<input type="checkbox"/>	Has a valid Medicare card issued by the Social Security Administration
<input type="checkbox"/>	Has obvious physical impairments
<input type="checkbox"/>	Has a valid ADA Paratransit card
<input type="checkbox"/>	Is currently certified by the Veterans Administration at a 40 percent or greater disability level
<input type="checkbox"/>	Is certified by a state-licensed physician, psychiatrist, psychologist, physician assistant, registered nurse practitioner, or audiologist
<p>Date ID card issued: _____ Expiration date: _____</p> <p>Eligibility verified by: _____</p>	