

Reduced Fare ID Application



WHAT IS THE REDUCED FARE ID?

The Reduced Fare ID card provides proof of eligibility for riders to use when purchasing discounted bus fares.

WHO IS ELIGIBLE?

1. An eligible person is one who meets the Federal Transit Administration's (FTA is a department of the United States Department of Transportation) definition of disabled, which is, "disabled persons means any individual who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary disability, are unable, without special facilities or special planning or design, to utilize mass transportation and services as effectively as persons who are not so affected"; or
2. Persons who present a Medicare card; or
3. Persons who are 60 years of age or older.

ARE THERE DIFFERENT LEVELS OF ELIGIBILITY?

Eligibility can either be permanent or temporary.

- A. **Permanent** means any impairment that is expected to last a lifetime that impairs an individual's ability to ride the bus.
- B. **Temporary** means any impairment that is expected to last for a period of not less than three months and not more than twelve months.

No charge will be made for the original card; replacements for lost or stolen cards will cost five dollars (\$5.00).

Forms can be faxed or mailed upon request. Please call Cherrriots at 503-588-2877 to request a form.

Please return the application in person to the Customer service counter at: *220 High St., Salem, Oregon 97301* so that a reduced fare ID card can be created with your picture. Other alternatives to this process can be made by calling Customer Service at 503-588-2877.

Please bring a photo ID for proof of identification.

APPLICATION

Please complete in full:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthdate: _____

Emergency Contact Person: _____

Relationship to Applicant: _____

Emergency Phone Number: _____

I am applying for a Reduced Fare ID Card on the following basis: *(Please check only one)*

- I am providing proof of eligibility and am receiving Social Security Disability Benefits or Supplemental Security Income Benefits due to disability.
- I am 60 years of age or older.
- I am providing proof of current eligibility by the Veterans Administration as having a disability.
- I am presenting a valid Medicare card issued by the Social Security Administration.
- I am providing a valid Reduced Fare ID Card issued by _____

- I have an apparent impairment meeting one or more of the medical criteria listed in the Definitions of Disabilities section.
- I am medically disabled as certified by a Physician, Psychiatrist, Psychologist (Ph.D.), Audiologist, or other qualified professional licensed in the State of Oregon. Cherriots reserves the right to contact your Health Care Provider for verification.

Applicant's Signature _____ Date _____

DEFINITIONS OF DISABILITIES

Indicate the disability that keeps this applicant from using Cherriots buses as effectively as someone without such limitations:

1. **Wheelchair/Non-Ambulatory**: requires use of wheelchair or three-wheeler for transportation that prevents independent mobility.
2. **Restricted Mobility/Semi-Ambulatory**: causes difficulty walking and requiring use of mobility aid (such as a cane or walker), and prevents independent mobility.
3. **Arthritis**: causes a functional motor defect in any two major limbs, and prevents independent mobility.
4. **Loss of Extremities**: with loss of major function that prevents independent mobility.
5. **Head injury**: with functional motor defect that prevents independent mobility.
6. **Respiratory Impairment (dyspnea)**: occurs during activities such as climbing one flight of stairs, walking 200 yards on the level, or less exertion, or even at rest.
7. **Cardiac Disease**: results in marked limitation of physical activity.
8. **Disorders of the Spine**: fractures with motor and sensory loss, osteoporosis with pain and limitation of movement that prevents independent mobility.
9. **Nerve Root Compression Syndrome**: with pain and motion limitation in back of neck that prevents independent mobility.
10. **Motor Impairment**: due to faulty coordination or palsy from brain, spinal, or peripheral nerve injury that prevents independent mobility.
11. **Visual Impairment**: that prevents independent mobility.
12. **Hearing Impairment**: that prevents independent mobility.
13. **Development Disabilities**: that prevents independent mobility.
14. **Autism**: that prevents independent mobility.
15. **Neurological Impairment**: caused by cerebral palsy, muscular dystrophy, multiple sclerosis, seizure disorder, or other neurological impairments not controlled by medication, and prevents independent mobility.
16. **Mental Impairment**: to the degree that independent mobility is prevented Spanish translations can be requested.
17. **Other**: _____

TO BE COMPLETED BY THE CERTIFYING AGENT:

I certify that _____, can be defined as disabled
(Print Name of Applicant)
according to the Federal Transit Administration's definition of disabled (as noted on page 1).

I have marked the appropriate section(s) on Page and believe this applicant should be certified _____ eligible.
*(Either *Temporarily/Permanently)*

*Length of temporary disability is estimated to be _____
(Number of Months)

COMMENTS regarding applicant's disability: _____

Certifying Agent/Physician Name: _____

Agency Name & Address/Physician's Address: _____

Agency Phone Number/Physician's Phone Number: _____

Are you a licensed Physician? ___Yes ___No

(Signature of Certifying Agent/Physician) _____
(Date)