

Fixed Route Reduce Fare Program

APPLICATION

Applicant:

Fill out the information on page one (1). Information must be complete, accurate and legible. When you have completed page one (1), please have a licensed physician or psychiatrist complete the remainder of the application. If you have any questions about your application, call (937) 425-8444 or Ohio Relay 711.

Physician/Psychiatrist:

Complete pages two and three (2-3). Information must be complete, accurate and legible.

When application is complete, please mail to:

RTA Certification Center:
4th S. Main Street, 2nd Floor
Dayton, Ohio 45402
(937) 425-8444 –or– Ohio Relay 711

General Information:

1. The Eligibility Criteria of the application assist Greater Dayton Regional Transit Authority determine if the applicant may be eligible for the Fixed Route Reduced Fare Program.
2. Reduced Fare Identification Cards for persons with a permanent disability are valid for a five (5) year period. Identification Cards for persons with a temporary disability are valid until the expiration date provided by physician.
3. Eligibility for a Reduced Fare Identification Card is based on the applicant's physical or mental disability, or an impairment that limits one or more major life functions as defined by the Americans with Disabilities Act (49 CFR Part 37).
4. Any fees charged for the completion of the application are not the responsibility of Greater Dayton Regional Transit Authority.
5. Information on the application is confidential.

Exclusions:

Persons whose sole incapacity is any reasons listed below they are excluded from Reduced Fare eligibility.

1. Pregnancy
2. Obesity
3. Contagious disease
4. Acute or chronic alcoholism or drug addiction

FOR RTA OFFICE USE ONLY

Date Rec'd Stamp: _____

Check One Approved Denied Pending

**FIXED ROUTE REDUCE FARE PROGRAM
APPLICATION FOR A PERSON WITH A DISABILITY
TO BE COMPLETED BY APPLICANT PLEASE PRINT**

Last Name _____		First Name _____		I _____	
Address _____		City _____		Zip _____	
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	_____	
Phone Number	Cell _____	Home	_____	Other	_____
Why are you applying for a reduced fare card? _____					
Do you receive Supplemental Security Income Benefits			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you receive Social Security Disability Benefits			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you receive V.A. Disability Benefits			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medicare	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medicaid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied for any of the benefits listed and were you:					
<input type="checkbox"/> Denied	<input type="checkbox"/> Still awaiting a response		<input type="checkbox"/> Other _____		
CERTIFICATION					
I hereby certify, under penalty of perjury that all statements made on this application are true, to the best of my knowledge, and I authorize the completion of the remainder of this form by a physician and the release of any medical information necessary to process this application. I have read and understand, to the best of my knowledge, all the information contained in this application. I understand, to the best of my knowledge all statements made in this application may be subject to investigation and verification. I understand, to the best of my knowledge, that the RTA will rely upon the statements made in this application whether or not the RTA has investigated the statements contained in this application. I understand, to the best of my knowledge, that the RTA may discontinue or change its reduced fare program without notice. If the RTA should find that I have not followed the program's guidelines, my reduced fare services will be taken away and I will not be eligible to reapply for the reduced fare program. I understand, to the best of my knowledge, that it is a crime to allow anyone else to use my identification card or for me to continue to use the card if I am no longer disabled as defined by the reduced fare program. I agree to notify RTA if I no longer need reduced fare privileges. I hereby certify, to the best of my knowledge, that the information given is correct.					
Signature of Applicant or Legal Guardian _____				Date _____	

PHYSICIAN CERTIFICATION (to be completed by licensed physician or psychiatrist)

Part 1 – Please stamp name and address

Physician/Psychiatrist	_____
Physician/Psychiatrist Address	_____
Physician/Psychiatrist Phone Number	_____
Physician/Psychiatrist Fax Number	_____
Signature of Physician/Psychiatrist	_____ Date

ELIGIBILITY CRITERIA

Part 2

Is the impairment or disability temporary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If temporary, what is the estimated period of time?		
From _____	to _____	
Date	Date	

PHYSICAL DISABILITIES

Part 3 – These four questions must be answered completely

Complete this section if the applicant has physical disabilities or impairments: A physical impairment is defined by the ADA as: “Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respirator (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.”
1. What is the applicant’s specific disability or impairment:
2. Describe the applicant’s specific disability or impairment:
3. Explain how the applicant’s disability or impairment substantially limits one or more major life activities (activities most people are able to do), and does the applicant use a mobility device:
4. What special facilities, special planning or design does the applicant use to utilize RTA’s buses, facilities (such as hubs or schedules) and services? In other words, what accommodations does the applicant require to independently use public transportation?

MENTAL DISABILITIES

Part 4 – These four questions must be answered completely

Complete this section if the applicant has mental disabilities or impairments: A mental impairment is defined by the ADA as: “[A]ny mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional illness, and specific learning disabilities.”

1. What is the applicant’s specific disability or impairment:

2. Describe the applicant’s specific disability or impairment:

3. Explain how the applicant’s disability or impairment substantially limits one or more major life activities (activities most people are able to do):

4. What special facilities, special planning or design does the applicant use to utilize RTA’s buses, facilities (such as hubs or schedules) and services? In other words, what accommodations does the applicant require to independently use public transportation?