



# PERRY COUNTY TRANSIT

## APPLICATION FOR REDUCED FARE ELIGIBILITY Reduced fare only applies within Perry County

Perry County Transit is offering reduced fare for riders who are Disabled or Age 65 and older. Funding for these fare discounts are subsidized through the Ohio Department of Transportation, which has established specific eligibility requirements.

Obtaining your ride discount is easy and free of charge. Please follow these simple steps allowing up to 5 days for your eligibility of reduced fare to be applied.

To qualify for reduced fare based on your **AGE**: Complete Sections A & C

- \* Submit this completed application form with proof of your date of birth. Acceptable verification of date of birth would be a copy of your birth certificate, valid driver's license or state identification card (issued by the Ohio Bureau of Motor Vehicles).

To qualify for reduced fare based on **DISABILITY/HANDICAP**: Complete Sections A, B & C

- \* Submit this completed application form with appropriate verification. Acceptable verification is a Social Security award letter verifying your receipt of disability benefits or a current Medicare card. Call Social Security at 1-800-772-1213 and ask for TPQY printout.

Complete sections A, B & C if you do not have any of the above verifications are you are applying under **DISABILITY/HANDICAP**.

The Administration of Perry County Transit is solely responsible for approval or rejection of applications for reduced fare eligibility based on program criteria. Appeals may be made to the Perry County Commissioners and the Ohio Department of Transportation. Completed application, verification of Eligibility and requests for assistance in completing this application should be addressed to Perry County Transit, 499 N State St, New Lexington, Ohio 43764. Phone number (740) 342-2810

### Section A

_____	_____	_____	_____
Last name	First Name	M.I.	Date of Birth
_____	_____	_____	_____
Address	City, State & Zip Code	Phone	
_____	_____	_____	_____
Height	Weight	Gender	Hair
			Eyes
			Nationality
<input type="checkbox"/> I am applying for Perry County Transit reduced fare based on age (65 or older) (acceptable proof of date of birth must be presented with application)			
<input type="checkbox"/> I am applying for Perry County Transit reduced fare based on a physical or mental disability (Social Security Award Letter, Medicare Card or Physicians Certificate (B) must be submitted			



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## Section B

## Physician's Certification of Disability/Handicap

Specify that the customer qualified with a "physical or mental impairment that substantially limits one of more of the major life activities of an individual" under the Americans with Disability Act.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient's Name: \_\_\_\_\_

Applicant's disability is:  permanent  temporary (list ending date) \_\_\_\_\_

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Physician's Name (printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

Accessibility (feel free to call if any other accessibilities are needed)

- Wheel chair  Oversized Wheel Chair  Walker  Service Animal  Aide

## Section C

This information will only be used to determine eligibility for the reduced fare program for the Elderly and disabled program.

I state that the above statements are correct and true to the best of my knowledge. I understand that false statements on this application represents a violation of the conditions and terms of the program and will result in denial of the privilege by Perry County Transit.

\_\_\_\_\_  
**Applicants signature (If under 18, parent or guardians' signature)**

\_\_\_\_\_  
Date

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Number: \_\_\_\_\_

**THANK YOU FOR CHOOSING THE SERVICES OF PERRY COUNTY TRANIST**