



Application for Reduced Fare Eligibility

Perry County Transit is offering reduced fare for riders who are **disabled or age 65 and older**. Funding for these fare discounts are subsidized mainly through the Ohio Department of Transportation, which has established specific eligibility requirements. Beginning October 1, 1999, riders requesting fares must have a valid Perry County Transit Reduced Fare Identification Card.

Obtaining your identification card is easy and free of charge. Please follow these simple steps allowing up to 10 days receiving your card by mail, after submitting your application and a photograph to Perry County Transit.

To qualify for reduced fare based on your age: Complete Section A & C

- Submit this application form with proof of your date of birth accompanied by a recent photo (*not a photocopy*). Acceptable proof of date of birth would be a copy of a valid driver's license, state identification card (*issued by the Ohio Bureau of Motor Vehicles*) or a certified birth certificate. (*Photos submitted will not be returned*)

To qualify for reduced far based on disability: Complete Section A, B, & C

- Submit this application form with the "Physician's Certification" section completed, signed and dated/ documentation from Social Security Office verifying your receipt of disability benefits, along with a recent photo (*not a photocopy*). Call Social Security office at (740) 452-7539 or 1-800-772-1213 and ask for a TPQY printout. (*Photos submitted will not be returned*)

The Administration of Perry County Transit is solely responsible for approving or rejecting applications for Reduced Fare Identification Cards, based upon program criteria. Appeals may be made to the Perry County Commissioners and the Ohio Department of Transportation. Completed applications, as well as about the identification card certification process, and requests for assistance in completing the application should be addressed to _____, Transportation Coordinator, Perry County Transit, 552 W. Broadway, P.O. Box 265, New Lexington, Ohio 43764, phone 740-342-2810.

Remember there is NO charge for the first card; however, replacement cards will require a \$5.00 service charge.

Section A

Last Name _____		First Name _____		M.I. _____	Date of Birth _____
Address _____				Phone _____	
Height _____	Weight _____	Sex _____	Hair _____	Eyes _____	
<input type="checkbox"/> I am applying for Perry County Transit reduced fares based on age (65 or older) <i>(Acceptable proof of date of birth and photo must be presented with application)</i>					
<input type="checkbox"/> I am applying for Perry County Transit reduced fares based on a physical or mental disability <i>(Physician's Certification on the back MUST be completed, signed and dated)</i>					
Applicant's Signature _____			Date _____		

Approved by: _____ Date: _____ Number: _____

Section B

Physician's Certification of Disability

Specify how the Americans with Disability Act definition of "disability" as "a physical or mental impairment that substantially limits one or more of the major life activities of an individual" applies to this applicant.

Patient's Name: _____

Applicant's disability is: Permanent Temporary (state ending date) _____

_____ Physician's Signature	_____ Physician's Name Printed	_____ Date
_____ Address	_____ Phone	

Section C

Applicant's Statement

I understand that, if I am applying for the Reduced Fare Card due to a medically documented handicap, a completed Physician's Certification form must accompany this application. I give my permission to release information pertaining to my transit-related handicap to Perry County Transit. This information will only be used for determining eligibility for the Reduced Fare Program for the Elderly & Disabled Program.

I swear that the above statements are correct to the best of my knowledge. I understand that misrepresentations on this application or fraudulent use of my identification card when issued represents a violation of the conditions and terms of this program and will result in the revocation of this privilege by Perry County Transit.

Applicant's Signature (if under 18, parent or guardian must sign) _____
Date



Thank you for choosing Perry County Transit as your transportation provider!!