



# Application for Reduced Fare Eligibility

**Reduced fare only applies within Perry County.**

Perry County Transit is offering reduced fare for riders who are **Disabled, 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 reduce fare to be applied.

To qualify for reduced fare based on your **AGE**: Complete Section 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 a certified birth certificate, valid driver's license or a state identification card (issued by the Ohio Bureau of Motor Vehicles).

To qualify for reduced fare based on **DISABILITY/HANDICAP**: Complete Section A & 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 a TPQY printout.

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

The Administration of Perry County Transit is solely responsible for approving or rejection 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 the application should be addressed to Perry County Transit, 552 W Broadway New Lexington OH 43764, Phone 740-342-2810

## Section A

_____		_____		_____	_____
Last Name		First Name		M.I	Date of Birth
_____				_____	
Address				Phone	
_____	_____	_____	_____	_____	_____
Height	Weight	Sex	Hair	Eyes	Nationality
<input type="radio"/> I am applying for Perry County Transit reduced fares based on age (65 or older) <i>(Acceptable proof of date of birth must be presented with application)</i>					
<input type="radio"/> I am applying for Perry County Transit reduced fares based on a physical or mental disability <i>(Social Security Award Letter, Medicare Card, or Physicians Certification (B) must be submitted)</i>					

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

**Section B Physician's Certification of Disability/Handicap**

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

---

---

---

---

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

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

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

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

Wheel Chair  Oversized Wheel Chair  Walker  Service Animal  Aide \_\_\_\_\_  
Name of Aide

**Section C Applicant's Statement**

This information will only be used for determining eligibility for the Reduced Fare Program for the Elderly & Disabled Program.

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

\_\_\_\_\_  
Applicant's Signature (If under 18, parent or guardian must sign)

\_\_\_\_\_  
Date



**Thank you for choosing the services of Perry County Transit**