



REDUCED FARE PROGRAM APPLICATION
FOR PERSONS WITH A DISABILITY

Applicant:

Fill out the information on page one (1). Please make sure it is 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 425-8444.

Physician/Psychiatrist:

Please complete the Physician/Psychiatrist Certification section.

When application is complete, please mail to:

Greater Dayton Regional Transit Authority
Certification Center
4 S. Main Street
Dayton, OH. 45402

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. Eligibility for a Reduced Fare 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).
3. Greater Dayton Regional Transit Authority reserves the right to verify applications by contacting physicians/psychiatrists that complete them.
4. Any fees charged for the completion of the application are not the responsibility of Greater Dayton Regional Transit Authority.

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

Last Name _____ First Name _____ I _____
 Address _____ City _____ Zip _____
 Birthdate _____ Sex ____ Male ____ Female
 Phone Number Cell _____ Home _____
 Tapp Pay email and/or card number _____
 Medicare # _____ Medicaid # _____

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 statements made in this application may be subject to 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 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 reduced fare account or for me to continue to use 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/PSYCHIATRIST CERTIFICATION (to be completed by licensed physician or psychiatrist)

Is the impairment or disability temporary?

 If temporary, what is the estimated period of time?
 From _____ to _____
 Physician Name (printed) _____
 Physician Signature _____ Date _____

Please answer the following questions for Reduced Fare Program eligibility determination: Each question must be answered.
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, 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 and services? In other word, what accommodations does the applicant require to independently use public transportation?