



REDUCED BUS FARE APPLICATION

NAME _____ ADDRESS _____

CITY, STATE, ZIP CODE _____ PHONE _____

BIRTH DATE _____ MEDICARE NUMBER _____

I. **SENIOR CITIZENS (AGED 60 AND OVER):** THE SIGNATURE OF A DOCTOR OR AGENCY WILL NOT BE NEEDED IF THE PERSON REQUESTING THE CARD WILL PROVIDE A COPY OF ANY DOCUMENT THAT VERIFIES HIS/HER BIRTHDATE OR A MEDICARE CARD AND PICTURE ID.

STOP HERE AND SIGN ON LINE IV. ATTACH COPY OF DOCUMENT.

II. **DISABLED;** DISABLED OR MOBILITY LIMITATIONS DUE SOLELY TO PREGNANCY, OBESITY, ACTIVE ALCOHOLIC OR DRUG-RELATED PROBLEMS ARE NOT CONSIDERED TO BE ELIGIBLE DISABILITIES FOR THE PURPOSES OF THIS PROGRAM. **PLEASE LIST SPECIFIC DISABILITY IN LAYMAN TERMS ON THE LINE BELOW:**

I HAVE THE FOLLOWING DISABILITY(IES) _____ AND THIS SIGNIFICANTLY AFFECTS MY ABILITY TO PERFORM THE FOLLOWING FUNCTIONS. (Check all that apply):

- getting on and off the bus
- reading information signs
- other (please specify) _____
- standing in a moving bus
- hearing request made by driver

III. **CERTIFICATION BY DOCTOR OR AGENCY:** I RECOMMEND THAT THIS PERSON BE DEEMED ELIGIBLE FOR A REDUCED FARE CARD, AND CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE STATEMENTS ARE TRUE.

STAMP/NAME OF DOCTOR/AGENCY _____ SIGNATURE OF DOCTOR/AGENCY _____ DATE _____

IV. I CERTIFY THAT THE ABOVE INFORMATION THAT MY DOCTOR, AGENCY, OR I HAVE PROVIDED IS TRUE AND ACCURATE. I UNDERSTAND THAT MY CARD IS NOT TRANSFERABLE AND WILL ENTITLE ME TO RIDE FOR HALF OF THE GWTA REGULAR BUS FARE. THEREFORE IF THIS APPLICATION IS APPROVED AND I AM ISSUED A REDUCED FARE CARD, I MUST ABIDE BY THE RULES AND REGULATIONS SET FORTH BY GWTA.

SIGNATURE OF PERSON REQUESTING SERVICE _____ DATE _____

FOR GWTA USE ONLY:

APPROVAL: YES ___ NO ___ CARD NUMBER _____
 ISSUED BY: _____ ISSUE DATE _____

THIS PRINTED MATERIAL WILL BE PROVIDED IN AN ALTERNATIVE FORMAT UPON REQUEST.

GWTA TRANSIT

PHONE: (919) 736-1374 • WEBSITE: RIDEGWTA.COM • FAX: (919) 731-1558