



Fare Deal Office

(513) 632-7540

Metro reduced fare program application for persons with disabilities

Metro's Fare Deal reduced fare program allows people age 65 and older, persons with disabilities, and Medicare Card holders receiving social security benefits to ride Metro at a reduced fare.

Who qualifies for a Fare Deal reduced fare card?

- Persons age 65 or older
- Medicare cardholders receiving Social Security benefits
- A person with a qualifying disability as defined on the application

Applicants do not qualify if their sole condition is pregnancy, obesity, impairment due to drug/alcohol abuse, or a dysfunction that can be controlled by medication.

Identification and signature are required

When applying in person, you must present your state-issued ID or passport at the time of registration. All identification cards must be current and not expired. No exceptions will be made.

You must show one of the following:

- Drivers license (any state)
- State-issued ID card (any state)
- Passport

(continued on other side)



How to apply -- For People with Disabilities

- Complete and submit the Fare Deal application. Incomplete applications or photocopies will not be accepted.
- In order to meet the eligibility criteria you must submit the following:
 - The Physicians Statement of Medical Disability form. This form must be completed by the professional treating you for the condition you are claiming for eligibility. Incomplete documents and/or photocopies will not be accepted.
 - Also **attach a statement** from the same Licensed Health Care Professional to your application. The statement must be on professional letterhead or prescription form (please type or print) noting your diagnosis and describing in detail why you meet the eligibility criteria. Photocopies and form letters will not be accepted.
 - Note: BOTH statements are required to process the application.
- Applications must be submitted in person by visiting the Fare Deal office located at 7000 Montgomery Rd in Silverton.

This location is serviced by bus route #4 Blue Ash or Kenwood and the Metro Plus.

The Fare Deal office accepts applications on Mondays, Wednesdays and Fridays, 8:15 a.m. to 4:00 p.m.

The Fare Deal office is closed daily from 12-1 p.m. for lunch and on all major holidays. Other closures may occur as needed due to inclement weather.

- Valid identification is required when submitting all applications. Approved forms of identification are: driver's license, a state-issued ID, or passport. All identification must be current and not expired. Copies are not acceptable.
- **Applicants with approved applications will receive their Reduced Fare card by mail within 21 days of submittal of the application.**



FARE DEAL APPLICATION

For Office Use Only

Certification _____	_____	_____
<small>Government or State issued ID number</small>	<small>Expiration date</small>	<small>Staff initials</small>
Fare Deal number _____	_____	_____
	<small>Application date</small>	<small>Card expiration date</small>
Additional notes _____		

**All questions must be answered completely before your application will be considered.
Please PRINT clearly.**

_____	_____	_____
Last Name	First Name	MI
_____		_____
Street Address		Apt. #
_____	_____	_____
City	State	Zip code

Mailing address (If different than home address)

_____	_____
Street Address	Apt. #
_____	_____
City	State
_____	_____
City	State
_____	_____
City	State
_____	_____
City	State
_____	_____
City	State
_____	_____
City	State

Phone (____) _____ **E-mail address:** _____

Date of birth ____/____/____ **Gender** M F **Social Security #** _____

Please select only one:

65 or older?

Medicare card?

Please attach Social Security Benefits Verification letter.

Disabled?

Please attach Physician Statement of Medical Disability eligibility form and letter or statement from your physician certifying your disability.



Applicant signature

I certify to the best of my knowledge that the information on this application is true and correct.

I understand that providing false or misleading information could result in my eligibility status being terminated.

I understand that I must have a Medicare card (any age), or be age 65 years or older, or have a disability to be eligible for a Fare Deal card. Fare Deal is not an income-based program. A Medicaid card will not qualify me for eligibility.

I understand that I must provide this completed and signed application, current state-issued photo ID that shows my date of birth, and Medicare card (if I have one or other required document) in-person to be considered for a Fare Deal card.

I understand that the information on this application will be kept confidential by the professionals involved in evaluating my eligibility.

I understand that Metro may share appropriate information with coordinating non-profit or government agencies.

I understand that the Fare Deal card is not transferable to others.

I understand that Metro reserves the right to determine eligibility based on federal guidelines.

I understand that the Fare Deal card is valid for up to 2 years and that I must reapply prior to the expiration date if I wish to continue my eligibility with the Fare Deal program.

I understand that the Fare Deal card must be verified by the farebox to be eligible for the reduced fare.

Signature

Date

Important: Do not mail this application!

PHYSICIANS STATEMENT OF MEDICAL DISABILITY ELIGIBILITY

Print Applicants Name _____

MUST BE COMPLETED BY THE QUALIFYING PHYSICIAN OR LICENSED HEALTH CARE PROVIDER TREATING YOU FOR THIS CONDITION

To qualify for Metro’s Reduced Fare Permit, your client/patient listed on the front of this application must have physical or mental condition(s) that fall within the medical eligibility criteria listed below that substantially limits a major life activity, such as caring for one’s self, walking, seeing, hearing, speaking, breathing, learning and/or working, and that further meets the legal standard for reduced-fare eligibility.

Is the disability permanent? Yes No – If no, **HOW LONG** do you expect disability to last* _____

***Note:** If a disability is temporary, it must last for at least 90 days to be eligible for a reduced fare.

Please use reverse side for a list of qualifying disabilities

Please check ALL that apply:

NONAMBULATORY (see number 1 on reverse side)

SEMIAMBULATORY PHYSICAL DISABILITIES (Categories 2 through 7 on reverse side)

- ARTHRITIS DIALYSIS
- CARDIOPULMONARY DISEASE LOSS OF EXTREMITIES
- CEREBROVASCULAR ACCIDENT RESTRICTED MOBILITY

SIGHT DISABILITIES (Category 8 on reverse side) HEARING DISABILITIES (Category 9 on reverse side)

MENTAL DISABILITIES (Categories 10 through 14 on reverse side)

- DEVELOPMENTAL DISABILITY AUTISM
- NEUROLOGICAL DISABILITIES EPILEPSY

MENTAL DISORDERS – a principal diagnosis from the DSM IV classification in one of the following areas is required for eligibility: Organic Mental Disorders, Paranoid Disorders, Psychotic Disorders elsewhere classified, Dissociative Disorders, Psychological Factors, affecting physical conditions, & Post-Traumatic Stress Syndrome. (See category 14 on reverse) **PATIENT MUST HAVE A GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE OF 50 OR BELOW**

DISABILITY BENEFIT RECIPIENT (Categories 15 & 16 on reverse side)

- DISABLED VETERAN
- OTHER DISABILITY: If your patient does not fall under one of the categories above. Any other temporary or permanent disability that would significantly affect the applicant’s ability to effectively use mass transportation services or a mass transportation facility without special facilities, planning, or design, such as caring for one’s self, walking, seeing, hearing, speaking, breathing, learning, and/or working, and that further meets the legal standard for reduced-fare eligibility. LIST OTHER DISABILITY AND DESCRIBE IN DETAIL. ATTACH INFORMATION IF MORE SPACE IS NEEDED _____

LEARNING DISABILITIES (Category 17 on reverse side)

- Describe the learning disability and explain why it requires the applicant to need special training or assistance when utilizing Metro’s fixed-route transit system (**REQUIRED**): _____

PLEASE DO NOT SUBMIT APPLICATIONS FOR INDIVIDUALS WHO DO NOT QUALIFY FOR A MEDICAL DISABILITY REDUCED FARE. REDUCED FARE ID CARDS ARE NOT ISSUED FOR SOCIOECONOMIC PURPOSES. The medical disability must be identified in Title 49 Section 37.3 of the Code of Federal Regulations and must further meet the state and federal requirements for reduced fare eligibility. Not all disabilities under Section 37.3 qualify an individual to receive a reduced transit fare. For example, pregnancy, obesity, drug addiction, alcohol addiction, taken alone, do not qualify an individual for a reduced transit fare. Please see Metro’s “Explanation of Reduced Fare Benefits for Individuals with Disabilities” for an explanation of the disabilities that qualify an individual for reduced fare on Metro’s transit system.

Physician’s Name (**ONLY** qualified professionals as listed in the “Explanation of Reduced Fare Benefits for Individuals with Disabilities”)

Physician’s License Number (**REQUIRED**)

Office Street Address

City, State, Zip Code

Phone Number with Area Code – Extension if applicable

Fax Number with Area Code

I certify that I am a legally licensed physician by the state of Ohio. I am currently treating _____ (Patient’s name required) for a qualifying disability. The applicant is disabled as defined by the above criteria and the information I have provided is true and correct under penalty of perjury according to laws of the State of Ohio.

Authorized Signature (**MUST BE ORIGINAL – copies/faxed signatures not accepted**)

Date

****PLEASE MAKE A COPY FOR YOUR PATIENT’S FILE; METRO STAFF WILL CALL TO VERIFY THAT YOU HAVE APPROVED THEIR DISABILITY****



FOR METRO INTERNAL USE ONLY

Verified by: Name and position _____ Date _____ Metro Staff Initials _____

LIST OF QUALIFYING DISABILITIES

1. NON AMBULTORY. Impairments (such as anatomical loss or paralysis) that require the use of a wheelchair
2. ARTHRITIS. American Rheumatism Association may be used as a guideline for determination of arthritic disability Therapeutic Grade III, Functional Class III, Anatomical State III, or worse as evidence of arthritic disability.
3. CARDIOPULMONARY DISEASE. Cardiopulmonary disease. Serious loss of heart or lung reserves as shown by X-ray, EKG, or other test and, in spite of medical treatment, there is breathlessness, pain or fatigue. Requires impairment as Class III or IV Level.
4. CEREBROVASCULAR ACCIDENT. Ongoing debilitating effects following occurrence of cerebrovascular accident (stroke) or cerebral palsy.
5. DIALYSIS. Individual who must use a kidney dialysis machine in order to live.
6. LOSS OF EXTREMETIES. Anatomical deformity of or amputation of hand(s) and/or feet or loss of major function.
7. RESTRICTED MOBILITY. Disabilities requiring the permanent use of a cane, crutches, long leg brace or other orthopedic appliances to assist an individual in moving about.
8. SIGHT DISABILITIES. Result in the better eye, after best correction, which is 20/200 or less; or those individuals whose visual field is contracted (commonly known as tunnel vision): a) to 10 degrees or less from a point of fixation; or b) so the widest diameter subtends an angle no greater than 20 degrees; and c) who are unable to read information signs or symbols for other-than-language reasons.
9. HEARING DISABILITIES. Impairment due to deafness or hearing incapacity that makes it impossible to communicate or hear warning signals where the hearing loss is 70 dB(A) or greater in the 500, 1000, and 2000 Hz ranges.
10. DEVELOPMENTALLY DISABLED. Result in sub-average general intellectual functioning originating during the developmental period or from illness or accident later in life associated with impaired adaptive behavior.
11. AUTISM. Monotonously repetitive motor behavior, severe withdrawal, inappropriate response to condition stimuli, and very inadequate social relationships.
12. NEUROLOGICAL DISABILITIES. (1) Substantial functional motor deficits in any of two extremities, loss of balance and/or cognitive impairments 3 months post stroke; or (2) Difficulty with coordination, communication n, social interaction and/or perception, functional motor deficits, or significantly reduced mobility that result from a brain, spinal, or peripheral nerve injury or illness. A specific diagnosis is required.
13. EPILEPSY. Grand mal or psychomotor. Persons seizure-free for continuous period of six months disqualified.
14. MENTAL DISORDERS. Individuals whose mental impairment substantially limits one or more of their major life activities AND are unable to use mass transit without special planning, design or facilities. A principal diagnosis from the DSM IV classification in one of the following areas is required for eligibility: Organic Mental Disorders, Schizophrenic Disorders, Paranoid Disorders, Psychotic Disorders not elsewhere classified, Dissociative Disorders, Psychological Factors affecting condition, and Post-Traumatic Stress Syndrome.
***Patient must have a Global Assessment of Functioning (GAF) Score of 50 or below.**
15. DISABLED VETERAN. Certified at 100 percent.
16. OTHER DISABILITY. Any other temporary or permanent disability that would significantly affect the applicant's ability to effectively use mass transportation services or a mass transportation facility without special facilities, planning or design.
17. LEARNING DISABILITIES. An individual has a significant learning, perception, and/or cognitive disability **which results in a reduced capacity to perform actions necessary for use of Metro's regular fixed-route services without receiving special training.** Some conditions are **excluded** from eligibility, such as attention deficit disorder (ADD or ADHD), dyslexia, and lack of English proficiency. A specific diagnosis is required.

TYPE OF LICENSED HEALTH CARE PROFESSIONAL* AUTHORIZED TO COMPLETE THE CERTIFICATION

1. Licensed Physician (MD or OD)
2. Licensed Physician (MD or OD)
3. Licensed Physician (MD or OD)
4. Licensed Physician (MD or OD)
5. Licensed Physician (MD or OD)
6. Licensed Physician (MD or OD)
7. Licensed Physician (MD or OD)
8. Licensed Physician (MD or OD)
9. Licensed Physician (MD or OD) or licensed audiologist*
10. Licensed Physician (MD or OD) or licensed psychologist*, or licensed psychiatrist*.
11. Licensed Physician (MD or OD) or licensed psychologist*, or licensed psychiatrist*.
12. Licensed Physician (MD or OD) or licensed psychologist*, or licensed psychiatrist*.
13. Licensed Physician (MD or OD) or licensed psychologist*, or licensed psychiatrist*.
14. Licensed psychologist* or licensed psychiatrist*.
15. Licensed Physician (MD or OD)
16. Licensed Physician (MD or OD)
17. Licensed Physician (MD or OD) or licensed psychologist*, or licensed psychiatrist*.

***Specific health care professional accepted to complete and sign this application.**