Metro reduced fare program application for persons aged 65 or older

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

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How to apply -- For people age 65 or older

☐ Submit the completed Fare Deal application. Incomplete applications or photocopies will not be accepted.

☐ Applications must be submitted in person by visiting the Fare Deal office located at 7000 Montgomery Road 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
Government or State issued ID number
Expiration date
Staff initials

Fare Deal number
Application date
Card expiration date

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
Zip code

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!