



Fare Deal Office

(513) 632-7540

## **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.

More 

**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.

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**Signature**

**Date**

***Important: Do not mail this application!***