



FIXED ROUTE REDUCED FARE

Reduced fare is a program required by the Federal Transit Administration (FTA) as an incentive to encourage individuals normally eligible for paratransit service to use the fixed route system when able. Please review the following information and complete the attached application.

Proof of Age:

You are qualified for reduced fare if you are 65 years of age or older. For verification of your age, you must attach a copy of one of the following to your application: Your driver's license, state revenue department identification card, birth certificate, voter registration form, or any other certifiable form of identification.

Proof of Disability:

You may also qualify for reduced fare due to a disability.

If you are a recipient of Medicare, you may send a copy of your Medicare card to the Fort Smith Transit (FST) office to verify your disability. In addition, attach a copy of one form of photo identification such as your driver's license, state revenue department identification card, student identification card, employer I.D card, or any other certifiable form of picture identification.

If an agency or physician is verifying your disability, complete section 2 or 3 of the application form which indicates the agency or physician verifying your condition. Qualifying agencies include:

- 100% disabled- Social Security Administration
- 80% or greater disabled- U.S. Veterans Administration
- Legally Blind- State Services for the Blind
- Legally Deaf- State Rehabilitation Services for the Deaf

Reduced Fare Photo Identification Card

After the department has reviewed your application and determined your qualification, arrangements can be made to issue the card. There is no charge for the initial card. Replacement cards will cost \$2.00 each.

Privileges:

Reduced fare passengers who use the Fixed Route service are entitled to the same privileges as regular fare passengers at one-half the base rate fare. Example: If regular fare is \$1.00 per trip, reduced fare will be \$.50 for the same trip.

**FIXED ROUTE
REDUCED FARE APPLICATION FORM**

Reduced fare is available for persons with qualifying disabilities and/or who are 65 years of age or older. Applicants may verify their age by submitting one of the documents listed in section one below. Disabilities may be verified by presenting a Medicare card and one other form of identification or by completing section two (agency verification) or section three (physician verification). All information is for purposes of verification and/or emergency notification only.

Applicants must sign the application form at the bottom of the page.

Applicant's Name: _____

Address: _____

_____ Zip Code: _____

Social Security No.: _____

Medicare Card No.: _____

Form of Identification: _____

(FOR OFFICE USE ONLY)

SECTION 1. Proof of Age

Age of applicant is certified by one of the following. Please include a copy of the document you are attaching as proof of age and check the appropriate category.

_____ Drivers License _____ Medical Records

_____ State Identification Card

_____ Birth Certificate _____ Voter Registration Form

Other:

SECTION 2. Agency Verification

To be completed by certifying agency.

Applicant must qualify under one or more of the following categories:

_____ Certified 80% or more disabled of allowance through the U.S. Veterans Administration

_____ Certified Social Security disability or S.S.I. disability payments

_____ Certified legally blind or deaf

Certification Agency: _____

Authorized Signature: _____ Date: ____/____/____

If disability other than above - see Section 3

SECTION 3. Physician Verification

To be completed by physician

Does this patient have a physical or mental disability that impairs ability to operate a motor vehicle? _____ YES _____ NO

If yes, is disability permanent? _____ YES _____ NO

I, _____, hereby certify that the above statements are correct.
(print name)

Address: _____

Telephone No.: _____

Physician's License No.: _____

Seal or Stamp _____

(Physician's Signature)

(Date)

Applicant's Signature: _____ **Date:** ____/____/____
(REQUIRED BY ALL APPLICANTS)

Please mail your application and supporting documents to:

**Fort Smith Transit
P.O. Box 1908
Fort Smith, AR 72902**

**Phone:
(479)783-6464
Toll Free (877) 335-9555
TDD (479) 782-9833**

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