BCRTA/MTS HALF-FARE PROGRAM APPLICATION

Please Print

_________________ ______________________ ______________________
Last First Middle

_________________ ______________________
Address City State Zip Code

_________________ ______________________
Telephone Email

I am eligible for the BCRTA/MTS Half-Fare Program for one or more of the following reasons. Check appropriate blank(s).

_____ I am over age 65. *(Please attach proof of age such as birth certificate or drivers license).*

_____ I have difficulty getting on or off a standard transit bus. (Use of braces, crutches, wheelchair or most prosthetic devices automatically makes a person eligible.)

_____ I have difficulty standing in a moving transit bus.

_____ I am unable to read informational signs (Legal Blindness of 20/200 with best possible correction is the minimum requirement).

_____ I am unable to hear directions when requested of the bus driver. (Average loss of 30 decibels within speed frequencies in both ears with best possible correction is the minimum requirement).

_____ I have difficulty understanding informational signs and/or directions of the bus driver.

_____ I am a Medicare cardholder. (Please attach a copy of your Medicare card and photo ID)

The above disability is _____ permanent _____ temporary (minimum 6 months)

- PLEASE COMPLETE OPPOSITE SIDE -
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The disability I have in performing the above transit related function(s) is due to the following reason -- *(please describe and attach doctor’s certification)*:

I understand that this application must be certified by BCRTA/MTS. I agree to release additional information pertaining to my transit related disability, if so requested. This information will only be used for determining my eligibility for the Half-Fare Program.

I swear that the above statements are correct to the best of my knowledge. I understand that misrepresentation on this application or fraudulent use of my identification card when issued represents a violation of the conditions and terms of this program, and will result in the revocation of this privilege by the BCRTA/MTS.

______________________________________________  __________________ 
Signature of Applicant                                      Date

Please return application to:  BCRTA, 3045 Moser Court, Hamilton, Ohio 45011

FOR OFFICE USE ONLY

Approved _____        DENIED _____

Reason(s):

______________________________________________
Signature: ____________________________________