

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 speech 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: _____