



Reduced Fare Program

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (____) ____-_____

Last 5 Digits of Social Security Number _____ Date of Birth ____/____/____

Applicants older than **65** years of age need to only provide verification of age when applying for reduced fare, and do not need to complete the remainder of this form.

Do you receive Veterans Administration (V.A) Disability at a Minimum of 70%? Yes No

Do you receive Medicare/Social Security Disability Insurance (SSDI)/Supplemental Security Income (SSI) ? Yes No

If Yes, STOP this form **does not** have to be completed by a physician if you provide a current V.A. Disability/SSDI/SSI or Medicare award letter and a picture ID plus verification of your Social Security number.

If No, read the following, sign and date this form and have your physician complete the bottom portion.

I certify that the above information is true. I understand that if this application is approved, I will be issued a photo identification card to use until the indicated expiration date on the card. I agree not to lend my card to anyone. I agree to present my card to the Bus Operator when paying my fare. I also understand that the card remains the property of PARTA, and must be returned immediately upon request.

SIGNATURE

_____ /____/____

By signing this below I further authorize the release of medical information by the certifying professional.

SIGNATURE

_____ /____/____

Bring completed application to PARTA's Administrative office, 2000 Summit Rd., Kent, OH 44240.

Applications are accepted Monday through Friday, between 8:00 am and 4:30 pm.

TO BE COMPLETED BY A D.O, M.D or N.P. (nurse practitioner). PLEASE USE ELIGIBILITY CRITERIA ON THE BACK OF THIS APPLICATION. (If this section is not properly completed, a Reduced Fare Card will not be issued.)

Nature of disability: Physical Psychological Developmental

Disability Category: (See Back of Form) _____

Brief Explanation: _____

Is this condition Temporary? Yes No

If Yes, anticipated duration: 6 months 9 months 1 year 4 years

Disability significantly affects the applicant's ability to perform the following functions: _____

I certify that, based upon my skill, knowledge, and experience, and based upon a reasonable degree of certainty, the above name applicant is eligible to participate in PARTA's Reduced Fare Program.

Ohio Law Prohibits the making of a false statement when the statement is made with the purpose of misleading a public official or to secure payment of benefits paid out of the public treasury. Section 2921.13 ORC

Certified By:

Name _____ Ohio License Number _____

Title _____ Agency _____

Address _____ City, Zip Code _____, _____

Eligibility Criteria

The Portage Area Regional Transportation Authority (*PARTA*) has adopted the following definition of handicapped person to enable compliance with 49 CFR 609.23, together with criteria for establishing eligibility and procedures for identifying eligibility shall be effective regarding the half-fare 01/01/2014.

The Functional Definition of A Disabled Person

Disability means, with respect to an individual— a permanent or temporary physical or mental impairment that substantially limits one or more of the *major life activities* of an individual. Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Eligibility Based on Professional Certification

CATEGORY 1

Musculoskeletal Disorders

- 1-1 Amputation of one or more major extremities
- 1-2 Arthritis leading to joint deformity or chronic pain substantially limiting function.
- 1-3 Back injury or disease permanently affecting strength, flexibility and endurance.
- 1-4 Joint contractures

CATEGORY 2

Neuromuscular Disorders

- 2-1 Hemiplegia or hemiparesis
- 2-2 Para-paresis or Quadra-paresis
- 2-3 Ataxia and other coordination disorders
- 2-4 Cerebral Palsy
- 2-5 Seizure disorders
- 2-6 Muscular Dystrophy
- 2-7 Multiple Sclerosis
- 2-8 Peripheral Neuropathies

CATEGORY 3

Neurosensory Disorders

- 3-1 Hearing Impairment
- 3-2 Visual Impairment
- 3-3 Aphasia-Receptive-Expressive

CATEGORY 4

Pulmonary Disorders

- 4-1 Chronic Obstructive Lung Disease
- 4-2 Emphysema
- 4-3 Chronic Bronchitis

CATEGORY 5

Cardiovascular Disorders

- 5-1 Myocardial Infarction
- 5-2 Valvular Disease
- 5-3 Angina Pectoris
- 5-4 Thrombosis

CATEGORY 6

Treatment Induced Disabilities

- 6-1 Radiation Therapy
- 6-2 Chemotherapy
- 6-3 Kidney Dialysis

CATEGORY 7

Cognitive Disorders

- 7-1 Mental Retardation
- 7-2 Autism
- 7-3 Perceptual Disorders
- 7-4 Organic Brain Syndrome

CATEGORY 8

Psychiatric Disorders

- 8-1 Chronic Mental Disabilities
- 8-2 Behavioral Disorders
- 8-3 Personality Disorders

A person is not considered transportation handicapped if his/her sole disability or incapacity is:

1. Any physical, mental or psychological disability of less than 2 months duration.
2. Pregnancy
3. Obesity
4. Controlled Epilepsy
5. Drug/Alcohol Dependency

Professional Certification

Any physical incapacity or disability which causes a person to have difficulty in utilizing mass transportation must be certified by a licensed professional. Mental and psychological incapacities or disabilities must be certified by a licensed professional.

The Portage Area Regional Transportation Authority (*PARTA*), at its own expense, shall have the right and opportunity to examine a person seeking reduced fares, when and so often as it may be reasonably required. The Transportation Authority examination shall not be in lieu of certification by the applicant's physician.

Duration of temporary use of the card is to be established at the time of certification.