



REDUCED FARE APPLICATION

ACCESSIBLE SERVICES
VIA METRO CENTER
1021 SAN PEDRO AVENUE
SAN ANTONIO, TX 78212

Note

Please do not complete this application if you receive Medicare, have reached the age of 62, or have a VA service-connected disability rating of 80% or greater. If you fall under any of these three categories, you may go to our office with valid proof, and a reduced fare card will automatically be issued to you.

This application is *only* for people with a diagnosed disability who do not fall under one of the categories discussed above. Applicants must be at least six years old.

To be approved, the applicant must be unable to use the bus system as effectively as people who do not have a disability. Approval is not based on income or financial need.

APPLICANT'S SECTION

Print

<i>last name</i>	<i>first name</i>	<i>middle name</i>	<i>DOB</i>	
<i>address</i>	<i>unit</i>	<i>city</i>	<i>state</i>	<i>zip</i>
<i>female</i> <input type="radio"/>	<i>preferred language</i>	<i>main telephone</i>	<i>email</i>	
<i>male</i> <input type="radio"/>				

TERMS AND CONDITIONS

Reduced fare cards are not transferable to other individuals. Cards are valid until the date printed on the card. Recertification is not automatic, and VIA will not contact the holder when the card expires. Approval at this point in time does not guarantee or imply approval in the future. The card must be presented to VIA bus operators if requested. VIA may contact the individuals whose names appear on this application or whose names are provided by the applicant or applicant's representatives. Personal information will be kept confidential. By signing below, the applicant agrees to the terms and conditions described above, certifies that all information entered in the applicant's section is correct, and acknowledges that providing false or misleading information could result in eligibility being denied or terminated. (If the applicant is under eighteen years old, the applicant's parent, guardian, or representative possessing legal right to authorize the release of information must also sign below, thereby acknowledging and agreeing to the above terms and conditions.) Applications without appropriate signatures will not be processed.



applicant's signature

parent or guardian's signature
(if applicant is under 18 yrs.)

date



last name

APPLICANT'S SECTION

Please respond thoroughly to each of the following items. If an item does not apply to you or your situation, enter *NA*. Applications with blank responses will not be processed. Giving thorough responses increase your chance of being approved.

Print

a) List assistive devices (wheelchair, walker, oxygen, crutches, etc.) you must use to ride the bus.

b) List anything else you require that people without a disability do not need to use public transportation.

c) List any ways your disability affects how you prepare or plan to ride the bus.

d) What challenges do you face that people without a disability do not have getting to and from bus stops?

e) What difficulties do you have as a result of your disability recognizing and understanding bus stops?

f) What issues do you have when boarding a bus that people without a disability do not have?

g) How does your disability affect your comprehending and paying bus fares?

h) What problems do you have to overcome that people without a disability do not experience while riding the bus?

i) What difficulties do you have exiting the bus?



last name

APPLICANT'S SECTION

If someone other than the applicant completed any part of the applicant's section, please have that person sign below and enter requested information.

print name

signature

telephone

relationship

date

- Please review the previous entries, and make sure every item has been answered.
- Take the entire application to a medical professional who is certified to treat your specific disability.
- For psychiatric or psychological disabilities, ask your psychiatrist, psychologist, or licensed counselor to complete the medical section.
- For physical disabilities, ask your family doctor or certified specialist treating your disability to complete the medical section.
- Afterwards, please return the completed application to the address at the top of page one.



DO NOT MAKE ENTRIES BEYOND THIS POINT



TAKE THE ENTIRE APPLICATION TO YOUR MEDICAL PROFESSIONAL

MEDICAL SECTION

Medical Professional:

If any part of the medical section has been completed prior to receiving this application, please do not proceed.

Per Federal Transit Administration guidelines, approval for reduced fare is based on two criteria:

- The applicant must have a disability.
- The applicant must be unable (without the use of assistive devices, special features, arrangements, or facilities) to use public transportation as effectively as someone without a disability.

Please enter responses to every item. Enter **NA** if not applicable or **UNK** if the answer is unknown.

Enter all disabilities adversely affecting applicant's ability to use public transportation.

ICD 10 CODES

Check **YES** if the applicant can typically complete the following tasks as effectively as someone without a disability.

Check **NO** if the applicant cannot typically perform the following tasks as effectively as someone without a disability.

TASKS TO RIDE THE BUS

- | | YES | NO |
|---|-----|----|
| a. Read and comprehend as effectively as someone without a disability. | | |
| b. Recognize and locate places as effectively as someone without a disability. | | |
| c. Walk various distances in different conditions as effectively as someone without a disability. | | |
| d. Make general decisions as effectively as someone without a disability. | | |
| e. Wait a half an hour in a standing position as effectively as someone without a disability. | | |
| f. Board vehicles with ramps that lower to the street as effectively as someone without a disability. | | |
| g. Count and handle money as effectively as someone without a disability. | | |
| h. Ride buses, sometimes standing, as effectively as someone without a disability. | | |
| i. Step down (up to a 15-inch descent) as effectively as someone without a disability. | | |
| j. Communicate as effectively as someone without a disability. | | |

COMMENTS

I certify the information I provided is accurate to the best of my knowledge. I understand that this information will be used for the sole purpose of determining the applicant's eligibility for reduced fare. I also agree that VIA may contact me for clarification as needed.

 medical professional's signature

title

date

medical professional's printed name

 agency / facility name

street address

unit

 medical license number

city

state

zip