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# APPLICATION FOR DISABILITY REDUCED FARE PROGRAM

**PLEASE PRINT ALL INFORMATION PLAINLY.**

Middle initial

**Last Name**

**Apartment Number**

County

State

Zipcode

Date of Birth

Male/Female

**Signature**

Do you travel with a personal care attendant?

yes

no

**PHYSICIAN'S INSTRUCTIONS:**

Applicants for the reduced fare program offered by the MTA must meet the definition of "Handicapped" as provided by the Urban Mass Transportation Act of 1972. However, the emphasis is upon one's functional ability to use fixed route service as currently provided even if some difficulty is encountered by the person. Generally, diseases which are corrected by the use of medication do not fall within these guidelines. Low income does not qualify a person for reduced fare. The individual must be able to use the service in a manner that does not present hazard to himself/herself or to other members of the general riding public.

**TO BE COMPLETED BY PHYSICIAN: (SEE REVERSE OF APPLICATION FOR ADDITIONAL INFORMATION)**

I certify that

meets the eligibility criteria and has a permanent or temporary disability. (Please indicate which.)

**Below please state the nature of the disability in lay terms:**

Physician's Signature \_\_\_\_\_

Telephone

City

State

Zipcode

Providing false information on this form constitutes FRAUD which is punishable by law.

Applicants who are unable to use regular fixed route service because of disabilities may qualify for the paratransit service.

Call (410) 333 - 3535 for information and an application.

PLEASE MAIL THIS APPLICATION TO THE ABOVE ADDRESS.

5-10 days to process  
45¢