

For Office Use Only

Name: _____ Card Number: _____ Issued: _____ Replacement: _____

APPLICATION for Reduced Fare Photo I.D.

I am applying for a Senior/Disabled Reduced Fare Transit ID Card for use on state subsidized transit services.

Note: Make checks payable to CTtransit. Personal checks must have the applicant's name and address on the check. Do NOT send cash. The photo will not be returned. Application processing will take up to three (3) weeks.

New Applicant:

I have enclosed a recent **color photo** of my face (top of head and bottom of chin must be showing) for use in the preparation of my I.D. card. I have printed my name on the back of the photo. I have enclosed a \$5.00 check/money order for a new card.
See above note for check requirement.



-OR-

Replacement Card Requested (lost, stolen or damaged cards):

I have enclosed a recent **color photo** of my face (top of head and bottom of chin must be showing) for use in preparation of my ID card. I have printed my name on the back of the photo. I have enclosed a \$10.00 check/money order for a replacement card.
See above note for check requirement.

Mr. Mrs. Miss Ms.

Last Name First Name MI

Permanent Street Address Apt.#

City or Town State Zip Code

Date of Birth Phone (including area code) Email

Written Signature of Applicant or Guardian Date

PLEASE FILL OUT EITHER SECTION A -OR- SECTION B BUT NOT BOTH.

SECTION A: Disabled Certification

I am a "person with a disability" as described in the definition on the reverse side of this form.

Physician's Statement:

I have examined the applicant identified above, and it is my opinion that (s)he is a person with a disability within the meaning of that term as defined on the reverse side of this application.

I estimate that the duration of the impairment will be:

- Temporary** (over 3 months but under 12 months)—A one-year card will be issued. Reapplication is required for a new card (see information to left).
- Permanent**—A permanent card will be issued.

SECTION B: Senior Citizen Certification

I am 65 years of age or older as of the date of this application.

Notary's Statement:

I have seen the applicant identified above and the applicant has shown me:

Form of ID (Birth certificate/alien registration card, etc.)

I am attesting to the fact that the applicant is 65 years of age or older.

Notary name

Date

Physician's signature

Date

Physician's printed name

Phone number

Physician's license number

Seal/Stamp Required

Transit Reduced Fare Photo Identification Card Program

for Seniors 65 years or older or Persons with a Qualifying Disability

A Service of the Connecticut Department of Transportation

Senior citizens and persons with a disability can travel for a reduced fare at any time on CTtransit and all other bus systems operating under contract to the Connecticut Department of Transportation. Reduced fares also apply to one-way tickets for Shore Line East and Metro-North New Haven Line trains except westbound morning peak hour trains.

To ride State of Connecticut subsidized transit services at a reduced fare, you need to either have a Medicare card or a state-issued reduced fare photo I.D. card. **If you have a Medicare card, a separate photo I.D. card is not required.** Simply show your Medicare Card to the operator when you board the bus and pay your fare.

Definition of “Disabled”; Entitlement to Identification Card

Federal and state authorities have established the following criteria for the purpose of defining individuals who are entitled to reduced transit fares on the basis of disability. A reduced fare I.D. card will be issued to an individual who meets one or more of the following criteria:

Vision Impairment If the person has a central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having central visual acuity of 20/200 or less.

Hearing Impairment If there is no air or bone conduction whatsoever in both ears; or if hearing is so impaired that notwithstanding the use of hearing aids the person is incapable of hearing sound below 80 decibels at 2,000 cycles per sound, as verified by audiometric testing.

Ambulatory (1) If from whatever cause, the person is unable to move about without a “walker,” a wheelchair, crutch(es) or a cane, and if the condition is expected to continue for more than one year from the date of application. The word “unable” is used in its literal sense. The fact that one of these mechanical aids facilitates movement is not sufficient. The applicant must be incapable of moving about, except for extremely short distances, without use of the aid. **Or (2)** If the person has an obvious and serious disorder

of gait which substantially interferes with the use of mass transportation.

Loss of Arms or Hands If by reason of amputation or anatomical deformity the person lacks two arms or two hands.

Other If the person has any other disability which would fall within the following Federal Transit Administration definition: *Elderly and handicapped* persons means those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected.

Temporary A mobility impairment lasting at least three months.

The determination of whether a person is “disabled” with the meaning of the foregoing definition will be made on the basis of submitted evidence. Certification by a physician is essential to the

application. Applicants will have to arrange for the physician’s services at their own expense. We reserve the right to require proof of disability in addition to the physician’s opinion.

Senior Citizens

If you are 65 years or older you may apply for a photo I.D. card. Please complete the application and have it notarized.

Disabled Persons

Persons of any age with a qualifying disability are eligible for a reduced fare I.D. card. Applications must be certified by a physician, complete with physician signature, telephone number and state license number.

To Apply:

Send the completed application with your photo and a check or money order payable to:

CTtransit

Attn: Reduced Fare Program
100 Leibert Road
Hartford, CT 06120

A CTDOT reduced fare photo I.D. card will be issued upon verification of your application.

For additional information, please call
Reduced Fare I.D. Program Representative at (860) 522-8101 extension 204

TTY (860) 727-8196

Key Points of the Program

- A federally-issued Medicare card or state-issued reduced fare photo I.D. card are the only two forms of identification accepted as valid proof for reduced fare on state-subsidized transit providers.
- There is an application charge of \$5.00 to issue a first photo I.D. card. If your card is lost, stolen or damaged, a replacement card may be obtained with a processing charge of \$10.00.
- Temporary disability cards expire one year from issue date. Temporary cards require reapplication upon expiration (see “For Disabled Certification”).