

# TARTA Reduced Fare Program

THIS PORTION TO BE COMPLETED BY THE APPLICANT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Bring completed application along with a valid photo ID to TARTA, 1127 West Central Avenue, Toledo, Ohio, 43610. (A Social Security card and birth certificate are accepted as a substitute for the photo ID card.) Pictures for the Reduced Fare ID cards are taken Tuesday and Wednesday from 1:30 – 4:00 p.m. The cost is \$1. A valid Medicare Card may be used in place of a TARTA Reduced Fare ID Card. (Validity may be checked through separate identification if the driver deems necessary.)**

Do you receive V.A./Social Security Disability at minimum 80%? \_\_\_\_\_ Yes \_\_\_\_\_ No

If **Yes**, **STOP** this form does not have to be completed by a physician if you provide a current V.A./Social Security Disability award letter and a picture identification 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 TARTA employees are authorized to confiscate my ID card if it is used in an unauthorized manner. By signing this form I further authorize the release of medical information by the certifying professional.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TO BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL. PLEASE USE ELIGIBILITY CRITERIA ON 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 condition temporary? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, anticipated duration: \_\_\_\_\_

Disability significantly affects 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 named applicant is eligible to participate in TARTA'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 a public treasury. Section 2921.13 O.R.C.

**CERTIFIED BY:**

Name: \_\_\_\_\_ Ohio Lic. No.: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

# Eligibility Criteria

The Toledo Area Regional Transit Authority has adopted the following definition of a handicapped person to enable compliance with Section 5(m) of the Urban Mass Transportation Act of 1974 that, together with criteria for establishing eligibility and procedures for identifying eligibility shall be effective regarding the half-fare June 15, 1976.

## **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 Paraparesis or quadraparesis.
- 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 Thrombophlebitis

### **CATEGORY 6**

#### **Treatment Induced Disabilities**

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

### **CATEGORY 7**

#### **Cognitive Disorders**

- 7-1 Developmental Disabilities
- 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. Pregnancy
2. Obesity
3. Controlled Epilepsy
4. Drug/Alcohol Dependency

#### **Professional Certification**

Any physical, mental or psychological incapacity or disability that causes a person to have difficulty in utilizing mass transportation must be so certified by a licensed medical professional.

Duration of temporary use of the TARTA Reduced Fare ID Card is to be established at the time of certification **by a licensed medical professional.**

**Please direct any questions relating to the Reduced Fare Program to Laurie at 419-245-5205 or Debbie at 419-245-5223.**