



Maryland Transit Administration (MTA)

Reduced Fare Certification Office

6 Saint Paul Street, 1st Floor

Baltimore, MD 21202

Phone: 410-767-3441 Fax: 410-333-4347

Office Use Only

Date Rec'd _____

DC _____

Exp: Temp _____ Perm _____

CS _____ Date _____



APPLICATION FOR PARTICIPATION IN THE MARYLAND TRANSIT ADMINISTRATION REDUCED FARE PROGRAM - DISABLED INDIVIDUALS

SECTION 1 (PLEASE PRINT CLEARLY.) (IF AGE 65 OR OVER, STOP, YOU QUALIFY AS A SENIOR.)

Name _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Telephone # _____ Date of Birth _____ Male/Female _____

Please describe your disability: _____

Signature of Applicant _____

This information will be used to determine the applicant's eligibility for the Maryland Transit Administration's (MTA) Reduced Fare Program. The information provided will be protected in accordance with State law, which allows some sharing with other transit agencies. Providing false information may constitute a crime punishable by law. The MTA assesses all information provided and determines eligibility and duration thereof.

The MTA Reduced Fare Program provides for discounted fares on MTA's core services : Local Bus (\$.55), Express Bus (\$.95), Neighborhood Shuttles (\$.50), Metro Subway (\$.55), and Light Rail (\$.55), including reduced fares for Day Passes (\$1.20) and Monthly Passes (\$ 16.50). There are also discounts on MARC Train (50% discount) and Commuter Buses (variable discount).

To qualify as a disabled individual, the applicant must, by reason of illness, injury, congenital malfunction, or other disability which is expected to last 90 days or longer, be unable to utilize mass transit as effectively as others. Conditions which do not qualify are: pregnancy, obesity, controlled epilepsy, contagious diseases which pose a danger to other passengers, and less severe mental illnesses. The applicant must fill out Section 1 above and have his/her physician or healthcare professional fill out and sign Section 2 on Page 2.

SECTION 2 INFORMATION SUPPLIED BY DISABLED APPLICANTS' PHYSICIAN OR HEALTHCARE PROFESSIONAL

IMPORTANT NOTE TO PHYSICIANS & HEALTHCARE PROFESSIONALS:

The criteria for eligibility is not the applicant's "medical status" per se; it is the functional ability of your patient to use regularly scheduled MTA transit service. If the applicant is able to use such service, but experiences difficulty in doing so due to his/her medical condition, he is eligible. If the functional limitation that results from the medical condition is presently corrected by medical treatment, such as medication or prosthesis, the applicant does not qualify. If a temporary (greater than 90 days, but less than permanent) qualifying condition exists, please describe the nature and expected duration. If the condition persists longer than the projected date, the applicant may reapply. Low income alone does not qualify an individual. Providing false information constitutes fraud and is punishable by law.

I hereby certify that _____ (applicant's name)
_____ meets _____ does not meet (Please check one.)

the eligibility criteria for the MTA Reduced Fare Program. If "meets", the qualifying disability is

TEMPORARY _____ (red photo ID) or PERMANENT _____ (green photo ID)

If temporary, the condition is expected to be resolved by what date: _____

Please state the nature of the disability and explain how it affects daily life activities and ability to use regularly scheduled MTA transit services (Local Bus, Light Rail, Metro Subway).

Printed name of physician / healthcare professional: _____

Signature _____ License # _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Once completed, this form must be mailed, faxed (410-333-4347), or dropped off to the MTA Reduced Fare Certification Office. If approved, applicant will be sent a request in writing to come to this office at 6 St. Paul St., Baltimore, MD 21202 for issuance of a photo ID Card. **Please note that all disability program participants (temporary and permanent) must submit a new application when their current photo ID expires.**