



Application for the Maryland Transit Administration's Reduced Fare Program

This information will be used to determine the applicant's eligibility for the Maryland Transit Administration's (MTA) Reduced Fare Program for people with disabilities. The MTA will assess all information provided and determine eligibility and duration for participation in the MTA Reduced Fare Program.

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 and have his/her physician or healthcare professional fill out and sign Section 2 of this application.

SECTION 1: Applicant Information and Release

Mr./Ms. First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone Number: _____

Current Disabled I.D. Holder: Yes _____ No _____

I hereby authorize my physician or health care professional completing this application to release to the Maryland Transit Administration (MTA) information about my disability in order to verify my eligibility for a Reduced Fare I.D. card.

I hereby certify, under the penalties of perjury, that the information given above is true and correct.

Signature of Applicant: _____ Date: _____

SECTION 2: Medical Certification

Section 2 is to be completed by a licensed physician or health care professional. Information on this form will remain on file with the Maryland Transit Administration (MTA) and is not subject to public review.

Physicians and Healthcare Professionals

Applicants who are eligible for the reduced fare program must meet the following definition: “individuals who, by reason of illness, injury, age congenital malfunction, or other permanent or temporary incapacity or disability, including those who 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.”

The criterion for eligibility is not the applicant’s “medical status” per se; it is the functional ability of the applicant to use regularly scheduled MTA transit service. If the applicant is able to use such service but experiences extreme 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 1 year) qualifying condition exists, please describe the nature and expected duration. If the condition persists longer than the projected date, the applicant may re-apply. Low income or drug or alcohol addiction alone does not qualify an individual for reduced fare.

Physician/Healthcare Professional’s Name: _____

Facility Name: _____

License/Certification Number: _____ **State:** _____

Board Certification Affiliation: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: (W) _____ **(C)** _____ **Fax:** _____

Email Address: _____

1. Disability

Provide detailed and specific explanation of applicant’s disability and how it specifically impairs his/her ability to use MTA’s transit services (Bus, Metro, and Light Rail).

2. What is the expected duration of the disability?

_____ **Temporary:** Short-term conditions lasting for at least 90 days but likely to improve within one year. Please check timing below:

- _____ 3 month’s
- _____ 6 month’s
- _____ 9 month’s
- _____ 1 yr

_____ **Permanent:** Conditions with no expectation of improvement.

Verification and Authorization:

I hereby certify, under the penalties of perjury, that the information given above is true and correct. I understand that the MTA will rely upon this information in making a determination as to the eligibility of participation in the program.

Printed Name of Physician/Healthcare Professional

Signature of Physician/Healthcare Professional

Date

**Mail to: MTA Certification Office
6 St. Paul Street
1st Floor
Baltimore, MD 21202
410-767-3438**

Office Use Only
Card Number: _____
Exp. Date: _____ Category: _____
Approved By: _____
Issue Date: _____

Guidelines for Health Care Professionals and MTA Reduced Fare Certification Staff

The following guidelines are to be used to determine eligibility for the MTA Reduced Fare Program.

1. **Amputation:** An individual has an amputation of one or both hands, arms, feet, or legs.
2. **Neurological Conditions:** An individual has difficulty with coordination, communication, social interaction and/or perception from a brain, spinal or peripheral nerve injury or illness, has functional motor deficits, or suffers manifestations that significantly reduce mobility.
3. **Pulmonary or Cardiac Conditions:** An individual has a pulmonary or cardiac condition resulting in marked limitation or physical functioning and dyspnea during activities such as climbing steps and/or walking a short distance. If diagnosis is asthma, the physician must state whether: a) Individual has been on systemic medication for the immediate past 6 months, OR b) Individual has been required to use fast acting inhaler for the three or more episodes per week for the immediate past six months. A specific diagnosis is required.
4. **Blind or Low Vision:** An individual is legally blind, whose visual acuity in the better eye , with correction, is 20/200 or less, or who has tunnel vision to 10 degrees or less from a point of fixation or so the widest diameter subtends an angle no greater than 20 degrees. An individual has low vision, and whose visual acuity is in the range of 20/70 to 20/200 with best correction.
5. **Deaf or Hard of Hearing:** An individual with a pure tone average greater than 70dB in both ears, regardless of use of hearing aids.
6. **Epilepsy:** An individual has had a least one tonic-clonic seizure within the past 4 months.
7. **Developmental or Learning Disabilities:** An individual has a significant learning, perceptual and/or cognitive disability. Some conditions are excluded from eligibility such as attention deficit disorder (ADD). A specific diagnosis is required.
8. **Mental Illness:** An individual whose mental illness includes a substantial disorder of thought, perception, orientation, or memory that impairs judgment and behavior. A specific diagnosis is required.
9. **Chronic Progressive Debilitating Conditions:** An individual who experiences debilitating diseases, autoimmune deficiencies, or progressive and uncontrollable malignancies, any of which are characterized by fatigue, weakness, pain and/or changes in mental status that impair mobility. A specific diagnosis is required.
10. **Non-Ambulatory:** An individual is unable to walk and requires the use of a wheelchair or other mobility device.
11. **Semi-Ambulatory:** An individual has a chronic condition, which substantially limits the ability to walk, or is unable to walk without the use of a caliper leg brace, walker or crutches.
12. **Drug/Alcohol Addiction:** An individual with a condition resulting in prolonged psychosis, anxiety and depression which produces changes in mood, levels of awareness, perception and sensations.