

# RTS Reduced Fare Application Guidelines

## About the Reduced-Fare Program

Persons 65+ years of age and/or with qualifying disabilities (temporary or long-term) may apply to ride RTS for half the standard fare with a Reduced Fare Card.

## Types of Reduced Fare Cards

- A Senior Citizens Card
- A temporary disability card, which is good for 3 months (a maximum of 2 cards per applicant)
- A permanent disability card

## Reduced Fare Eligibility

- Persons who are 65+ years of age
  - if you have a Medicare Card, you may use it instead of a RTS reduced fare card.
- Persons with who meet the following criteria:
  - are unable to utilize mass transportation facilities and services as effectively as individuals who do not have a disability, without the use of special facilities, planning, or design); and,
  - have difficulty in using mass transportation facilities and services caused by illness, injury, congenital malfunction, mental illness, intellectual disability, or other eligible permanent or temporary incapacity or disability.
    - § Examples of eligible disabilities include blindness, hearing impairment, ambulatory disabilities

*Note: Reduced fare cards are not granted based on income level or eligibility for social service programs such as Medicaid and SSI. No one diagnosis will automatically warrant eligibility for the Senior/Disabled Low Fare Card. Each determination of eligibility is based on the individual's specific mobility situation.*

## Applying for a Reduced Fare Card

### Ages 65+

If you are 65+ years old but do not have a Medicare Card, mail or drop off the following:

- Completed page 3 of this packet.
- A copy of one of the following documents to confirm your age:
  - Birth certificate
  - Passport
  - Baptism papers
  - NYS ID or NYS Driver's License

## Persons with Disabilities

If you have a qualifying disability, mail or drop off originals of the following:

- A. Completed page 4 of this packet.
  - B. Have your physician, psychiatrist, or psychologist either:
    - o Complete the Certification of the Applicant's Disability form (pages 4 and 5)
- OR-
- o Provide a letter issued no more than six months prior to the date of your application on their letterhead or prescription pad with the following information:
    - § A full description of your diagnosis
    - § A statement of whether is temporary (will not continue for more than 90 days) or permanent (will continue for more than 90 days).
    - § An explanation of how the diagnosis causes you to be unable, without special facilities or special planning and design, to utilize mass transportation facilities and services as effectively as a person who does not have that diagnosis.

Please note:

- o Electronic signatures or signatures by physician assistants are not acceptable.
  - o If applying for reduced fare due to temporary disability status, an agency may submit a letter certifying your status and that you are awaiting confirmation of your diagnosis from your physician, psychiatrist, or psychologist. Agency letters are acceptable only for temporary disability cards.
- C. Provide a recent 1" x 1" photograph. (Required for permanent disability reduced fare cards only.)
  - D. Mail or drop off original versions of pages 3, 4 and 5 with the photo (if applicable) to either:
    - o 1372 E. Main St., Rochester, New York 14609  
Attn: Customer Service - Reduced Fare Application
    - o Information Desk at the RTS Transit Center

RTS will review your application and its supporting documentation and will inform you by mail or phone concerning eligibility.

### Notes:

- Senior/Disabled Low Fare Cards are not based on income or eligibility for social service programs such as Medicaid and SSI. No one diagnosis will automatically warrant eligibility for the Senior/Disabled Reduced Fare Card. Each determination of eligibility is based on the individual's specific mobility situation.
- We do not accept statements from the Social Security Administration or the Veterans Administration. Reduced fares apply for Veterans with a Veteran's Outreach Center-issued bus pass; learn more and apply at [VeteransOutreachCenter.org/rts](http://VeteransOutreachCenter.org/rts).

# Reduced Fare Card Application Form

**Please Print Clearly; Use Black Or Blue Ink**

(Office Only) Date of Issue: \_\_\_\_\_

Charter No.: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Phone No.: \_\_\_\_\_ DOB: \_\_\_\_\_

This application is for:  Senior Citizen Card  Temporary Disability Card  Permanent Disability Card

Do you use a Service Animal?  Yes  No Type of service animal: \_\_\_\_\_

## For reduced fare based on disability status

By signing this form, you authorize your health care provider to give information about your diagnosis and its impact on your ability to use mass transit information to Regional Transit Service, Inc.

What is your diagnosis?

What difficulties do you have using RTS services and/or facilities?

X \_\_\_\_\_

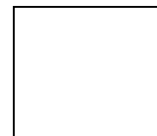
**Applicant's Signature**

**Date**

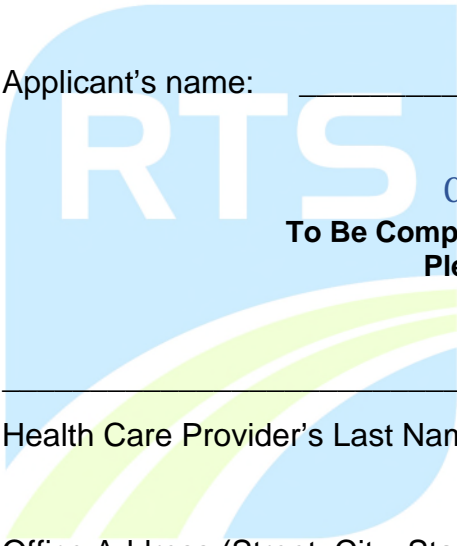
*By signing above, I certify that the information I have provided is true.*

PLEASE ATTACH 1"X 1" PICTURE HERE:

(Not required for temp. disability applications)



Applicant's name: \_\_\_\_\_ DOB: \_\_\_\_\_



**Certification of the Applicant's Disability**  
**To Be Completed by a Physician, Psychiatrist, or Psychologist**  
**Please Print Clearly; Use Black Or Blue Ink**

Health Care Provider's Last Name, First Name, MI \_\_\_\_\_

Office Address (Street, City, State, ZIP): \_\_\_\_\_

Telephone: \_\_\_\_\_ License No.: \_\_\_\_\_

**I hereby certify:**

1. I am a licensed  physician  psychiatrist  psychologist in the state of New York.
2. I am familiar with the Applicant's physical/mental condition.
3. In my opinion, the Applicant is disabled due to  illness  injury  congenital anomaly  
 mental illness  intellectual disability  other

4. The Applicant's diagnosis is:

*Please describe:*

5. In my opinion, the applicant's physical/mental diagnosis/condition prevents them from using mass transit services and/or facilities as effectively as individuals who do not have a disability because:

*Please describe the a) difficulties the applicant will have in using mass transit facilities and services and b) type of special facilities, planning, or design needed by the Applicant.*

6. In my opinion, the Applicant's disability will continue for:

- 90 consecutive days or less       more than 90 consecutive days.

*Note: A person with a disability is eligible for reduced bus fare if it is shown that due to their disability, they require special facilities and/or planning to be able to ride the RTS bus system as effectively as a person without a disability.*

X \_\_\_\_\_

**Licensed Health Care Provider's Signature**

**Date**

*By signing above, I certify that the information I have provided is true.*