



### Reduced Fare Card Application

In order to qualify for reduced fare on the fixed route system, one must be 65 or older, or have a documented disability confirmed. If the disability is temporary, verification must include a time frame. Please allow 5-7 business days to process your application.

**Part 1: to be completed by Applicant**

Name \_\_\_\_\_ Address \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_ *if you are certifying you are 65 or older no further information needs to be completed. You must however please sign and date on line below and attach a copy of proof of age to this document.*

I certify that the information on this application is true and correct. I give the agency or medical professional permission to release information regarding my disability. I understand that if this application is approved, I will be issued a reduced fare identification card and am responsible for this card. I will not loan or give my card to anyone. I will present my ID card to the bus operator as requested when paying my fare. I also understand *Rapid* employees are authorized to confiscate my ID card if it is being used inappropriately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2: to be completed by a Professional**

A transportation disabled person-means an individual who by reason of illness, injury, age, mental illness, cognitive impairment, or other permanent or temporary incapacity may have more difficulty utilizing fixed route buses than others who are not so affected. Exclusions include those whose sole impairments are a result of drug and or alcohol impairment, obesity, or pregnancy.

I certify that: \_\_\_\_\_ meets the criteria described above, and the

Qualifying disability is: \_\_\_\_\_

Continued on back

**This disability is expected to be:**

**Permanent** \_\_\_\_\_ **Temporary** \_\_\_\_\_ **expiration date** \_\_\_\_\_

Office Phone: \_\_\_\_\_

Printed name of physician/health care professional: \_\_\_\_\_

Signature of physician/health care professional: \_\_\_\_\_

**Or**

A transportation disabled person-means an individual who by reason of illness, injury, age, mental illness, cognitive impairment, or other permanent or temporary incapacity may have more difficulty utilizing fixed route buses than others who are not so affected. Exclusions include those whose sole impairments are a result of drug and or alcohol impairment, obesity, or pregnancy.

I certify that: \_\_\_\_\_ meets the criteria described above, and the

qualifying disability is: \_\_\_\_\_

Printed name of agency/school representative: \_\_\_\_\_

Signature of agency/school representative: \_\_\_\_\_

Office Phone: \_\_\_\_\_ agency/school: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

If there are any questions regarding completion of this form call our offices at 616-456-7514. Completed forms may be faxed to: 616-459-6337.

Or mailed to: The **Rapid**  
Attn. Reduced Fare Cards  
300 Ellsworth Ave. SW  
Grand Rapids, MI 49503

ITP approval:

Reviewed by: