

APPLICATION FOR THE MTS ELDERLY & DISABLED HALF-FARE PROGRAM

Please
Print

_____	_____	_____
Last	First	Middle
_____	_____	_____
Address	City	State Zip Code

I am eligible for the MTS Elderly and Disabled Half-Fare Program because I have a disability in performing at least one of the following transit related functions or am over 65. Check appropriate blank(s).

- _____ Over 65. *(Please attach proof of age such as birth certificate or drivers license).*
- _____ Getting on or off a standard transit bus. (Use of braces, crutches or most prosthetic devices automatically makes a person eligible.
- _____ Standing in a moving transit bus.
- _____ Reading informational signs (Legal Blindness of 20/200 with best possible correction is the minimum requirement).
- _____ Hearing direction when requested of the bus driver. (Average loss of 30 decibels within speed frequencies in both ears with best possible correction is the minimum requirement).
- _____ Understanding informational signs and/or directions of the bus driver.

The above disability is _____ permanent _____ temporary (minimum 6 months)

The disability I have in performing the above transit related function(s) is due to the following condition -- *(please state disability and attach doctor's certificate):*

I understand that this application must be certified by the Middletown Transit System. I agree to release additional information pertaining to my transit related handicap, if so requested. This information will only be used for determining my eligibility for the Elderly & Disabled Half-Fare Program.

I swear that the above statements are correct to the best of my knowledge. I understand that misrepresentation on this application or fraudulent use of my identification card when issued represents a violation of the conditions and terms of this program, and will result in the revocation of this privilege by the Middletown Transit System.

Signature of Applicant

Date

Please return application to: City of Middletown, Middletown Transit System, One Donham Plaza, Middletown, OH 45042

FOR OFFICE USE ONLY

Approved _____ Not Approved _____ Reason(s): _____

Signature: _____
Assistant Maintenance Services Director