FIXED ROUTE REDUCED FARE APPLICATION
Instructions for Completion

In accordance with federal regulations, Metro offers a reduced fare program for people with disabilities and people age 65 or over to utilize MetroBus or MetroLink services. Persons with disabilities who require special facilities or special planning or design to utilize MetroBus and MetroLink as effectively as persons without disabilities are eligible for the reduced fare program. All persons age 65 or older are eligible for the reduced fare program.

Who should apply for a Reduced Fare Permit?
- People with disabilities who require accessibility features as described in Part II of the attached application.
- People who are age 65 or older. You may apply in person to receive your Senior Reduced Fare Permit or complete the Senior Reduced Fare Permit application. Please call 314-982-1510 for more information.

Who is not eligible for a Reduced Fare Permit?
- People with disabilities who do not require accessibility features to use public transportation.
- People whose limitations are solely based on pregnancy, obesity, dependency on alcohol or illegal substances, contagious diseases, or controlled epilepsy.
- People whose conditions are in remission.

How do I apply for a Reduced Fare Permit?
- Complete Part I of the application.
- Provide verification of your disability (One Pair of the following)
  - Copy of your Valid Medicare Card AND a copy of your state issued identification card or driver’s license or
  - Copy of your Social Security Disability (SSD) award letter AND a copy of your state issued identification card or driver’s license or
  - Copy of your Supplemental Security Income (SSI) award letter AND a copy of your state issued identification card or driver’s license or
  - Copy of your VA disability documentation that shows 100% disability status AND a copy of your state issued identification card or driver’s license or
  - Part II of this application completed by a professional who is familiar with your disability AND a copy of your state issued identification card or driver’s license
• Submit the following documents
  ▪ Your application
  ▪ Verification of your disability
  ▪ A copy of your state issued identification card or driver’s license
  ▪ A recent **COLOR** photo – **Driver’s license or State ID photos will NOT be accepted**

• Mail your application to:
  
  Metro
  211 North Broadway, Suite 700
  St. Louis, MO 63102

**THIS ADDRESS IS FOR MAIL DELIVERY ONLY - PLEASE CALL 314-982-1510 FOR ON SITE SERVICES.**

**When do I need to carry my Reduced Fare Permit?**
The valid Metro Reduced Fare Permit must be in the possession of the cardholder at all times when riding MetroBus and MetroLink. The Reduced Fare Card must be presented when paying fare by cash on MetroBus, and presented upon request to fare inspectors or security on MetroLink. ID cards used in any unlawful manner will be confiscated.

**What if I lose my Reduced Fare Permit?**
If you lose your valid Metro Reduced Fare Permit, you may obtain a replacement. A fee of $5.00 is charged. You may pay with check or money order. Please contact us at 314-982-1510 (For TTY, call Relay Missouri at 711) to request a replacement form. We are open Monday to Friday, 8 a.m. – 5 p.m., and we are closed on all national holidays.

**When will I receive my Reduced Fare Permit?**
After receiving your completed application, along with the required certification, please allow 10 days for processing. If you have any questions or concerns, please contact us at 314-982-1510 (For TTY, call Relay Missouri at 711). We are open Monday to Friday, 8 a.m. – 5 p.m., and we are closed on all national holidays.

**How do I renew my Reduced Fare Permit?**
Please submit a new application approximately 60 days prior to the expiration date printed on your Metro Reduced Fare Permit. Please note that you will need to complete the application form in its entirety, including verification of your disability. Your disability may be verified by providing a copy of your Social Security Award Letter OR by having a professional (physician, social worker, case manager, etc.) complete Part II of the application. Please call 314-982-1510 (For TTY, call Relay Missouri at 711) to request a new application.
REduced Fare APPLICATION

PART I: Applicant (Please print or type.)

NAME: ____________________________________________________________________________
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS: __________________________________________________________________________
(NUMBER, NAME, APARTMENT NUMBER)

CITY: _______________________________________STATE:________________ZIP:____________

BIRTHDATE:________/_______/_________SOCIAL SECURITY #: __________ -- ______ -- ______
(Month) (Day) (Year)

GENDER: □Male □Female TELEPHONE: (_______)__________ - ______________

CURRENT REDUCED FARE CARD NUMBER ___________________ EXPIRES/ED ____/____/____
(IF APPLICABLE)

REASON FOR APPLICATION

___I receive Social Security Disability
___I receive Supplemental Security Income
___I receive VA Disability (100%)
___I am a Medicare Recipient

___Other: If your reason for application is “other,” then you must have a professional familiar with your
   disability complete Part II of the application.

I certify that I am disabled. The information contained on this application is accurate. I understand that Metro
may request additional verification and I hereby authorize the professional listed on this application to release
as necessary information to Metro regarding my condition for the purpose of determining my eligibility for this
program.

___________________________________ ____________________
Signature of Applicant Date
Applicant Name________________________________________

Applicant Social Security Number_________________________

PART II: Professional Verification of Disability

Please note: Part II is ONLY necessary if you are under 65 years of age AND you do not receive SSD, SSI, VA Disability (100%), or Medicare. A copy of your award letter or a copy of your Medicare card AND a copy of your state issued identification card or driver’s license is needed if you DO NOT fill out Part II.

A. Please provide Complete DSM or ICD Code(s):________________________________________
   Diagnosis name(s):______________________________________________________________
   Expected Duration (if temporary):______________months

B. Please check applicable condition:
   □ The individual has any condition requiring the use of crutches, wheelchair, walker, leg or foot braces, or other such devices in order to be mobile.
   □ The individual has a missing limb or critical part thereof; use of prosthetic devices.
   □ The individual has substantial functional motor deficits in any two extremities, loss of balance, and/or cognitive impairments 3 or more months post CVA.
   □ The individual is legally blind (acuity is 20/200 or worse with best correction and/or visual field is 20 degrees or less in the better eye).
   □ The individual is hearing impaired with hearing loss 70 dba or greater in the 500,1000, 2000 KHz ranges in both ears, regardless of the use of hearing aids or has speech discrimination scores of 40% or less in each ear, regardless of the use of hearing aids.
   □ The individual has a physiological condition that substantially limits coordination, strength, or endurance such as polio, cerebral palsy, multiple sclerosis, muscular dystrophy, or paralysis.
   □ The individual has had at least one tonic-clonic seizure within the past six months, despite taking prescribed medication.
   □ The individual is restricted by lung disease to such an extent that the person’s forced respiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/Hg on room air at rest; and/or the individual uses portable oxygen.
   □ The person has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to American Heart Association standards.
   □ The individual has a developmental disability, which substantially limits two or more major life activities such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working.
   □ The individual has a chronic, long-term mental illness, and includes a substantial disorder of thought, perception, orientation, or memory that impairs judgment and behavior. A specific diagnosis is required.
   □ The person has a temporary disability affecting mobility, lasting at least three (3) months but no more than twelve (12) months.
C. Check one or more of the accessibility features below that MUST BE PRESENT in order for the applicant to use public transportation.

- MetroBus and MetroLink Travel Training
- Priority seating on MetroBus and MetroLink
- Stop announcements on MetroBus and MetroLink
- Visual information display systems
- Braille or large print information
- Accessible (disabled) parking space at Park-Ride Lot
- Bumpy domes – MetroLink platform edge warning system
- Elevator or ramp to MetroLink platform
- Accessible Ticket Vending Machines
- Bus lift or ramp
- Bus wheelchair securement system
- None required
- Other: Please specify

Your professional area of specialization is, check one:

- Audiologist
- Rehabilitation Specialist
- Physician
- Optometrist
- Social Worker
- Registered Nurse/Licensed Practical Nurse
- Physical/Occupational/Speech Therapist
- Independent Living Specialist
- Psychologist
- Other: ________________________________

Your Name/Title: ________________________________

Agency/Company Name: ____________________________________________

Professional License # (if applicable): __________________________________

Office Address: _____________________________________________________

Office Phone #: (__) _______ -- _________ Fax: (__) _______ -- _________

I hereby certify that the above information is true. Metro (1) may verify the validity of the professional providing the certification, (2) make the final determination on an applicant’s eligibility for the Reduced Fare Program.

____________________________________  __________________________
Signature  Date

RETURN COMPLETED APPLICATION WITH PROOF OF DISABILITY AND A COPY OF YOUR STATE ISSUED IDENTIFICATION CARD OR DRIVER’S LICENSE AND A RECENT COLOR PHOTO TO:

METRO - ADA SERVICES
211 NORTH BROADWAY, SUITE 700
ST. LOUIS, MO 63102

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