



## Application for the Maryland Transit Administration's Reduced Fare Program for Individuals with Disabilities

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.

Applications should be mailed or hand delivered to MTA Reduced Fare Certification Office, Lobby level, 6 Saint Paul Street, Baltimore, Maryland 21202 between 8:30am- 4:30pm Monday- Thursday. Individuals denied eligibility for reduced fare may contact **The Reduced Fare Office** at Phone: **410-767-3438** or Fax **410-333-4347** to discuss his or her case and provide additional information that may be relevant to the eligibility decision.

### SECTION 1: Applicant Information and Release

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

Mr.  Ms.  First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Current Disabled I.D. Holder: Yes  No

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

FOR MTA USE ONLY:

Delete: \_\_\_\_\_ Expire: \_\_\_\_\_

**SECTION 2: Medical Certification (THIS SECTION TO BE COMPLETED BY PHYSICIAN OR HEALTHCARE PROFESSIONAL ONLY)**

***Applicant's Name*** \_\_\_\_\_

**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). Please include a specific diagnosis of the individual's condition or disability. Please refer to the guidance attached to this application for more information about specific disability types.

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**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. A temporary disability card will be issued with an appropriate expiration date.

Please check timing below:

- \_\_\_\_\_ 3 months  
\_\_\_\_\_ 6 months  
\_\_\_\_\_ 9 months  
\_\_\_\_\_ 1 yr

\_\_\_\_\_ **Permanent:** Conditions with no expectation of improvement.

**Applicant's Name** \_\_\_\_\_

**Physician/Healthcare Professional's Name:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**License/Certification Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number: (W)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**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 eligibility for participation in the program.

\_\_\_\_\_  
**Printed Name of Physician/Healthcare Professional**

\_\_\_\_\_  
**Signature of Physician/Healthcare Professional**

\_\_\_\_\_  
**Date**

<b>Office Use Only</b>	<b>091912</b>
Card Number:	_____
Exp. Date:	_____ Category: _____
Approved By:	_____
Issue Date:	_____

**SECTION 2: Medical Certification**

**Section 2 is to be completed by a licensed or certified health care professional, including physicians, registered nurses, social workers, certified alcohol and drug abuse counselors, etc. Some agencies and organizations that provide assistance to individuals with disabilities may not have licensed staff available for completing the application. If you have any questions, please contact The Reduced Fare Office at 410-767-3438.**

**Information on this form will remain on file with the Maryland Transit Administration (MTA) and remain confidential to the fullest extent of the law.**

**Physicians and Healthcare Professionals**

The standard for eligibility is located in the Code of Federal Regulations, 49 C.F.R. § 609.3. Individuals meeting the following definition are eligible for reduced fare:

“Individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair-bound and those with semi-ambulatory capabilities, 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.” 49 C.F.R. § 609.3.

The criterion for eligibility is not the applicant’s diagnosis 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, the individual 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 substance use alone does not qualify an individual for reduced fare.

See last page of this document for further guidance.

## Reduced Fare Eligibility Guidance

Mail or drop off form to: **MTA Reduce Fare Certification Office**

6 St. Paul Street, 1<sup>st</sup> Floor

Baltimore, MD 21202

Phone: 410-767-3438 Fax: 410-333-4347

8:30am-4:30pm Monday- Thursday

The office is closed every Friday.

*The following are descriptions of medical conditions that may lead to eligibility for the MTA Reduced Fare Program for individuals with disabilities under the standards contained in 49 C.F.R. § 609.3.*

*Individuals with other medical conditions may qualify for eligibility if the federal standard is satisfied.*

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 healthcare professional should 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.
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 may be excluded from eligibility such as attention deficit disorder (ADD).
8. **Mental Illness:** An individual whose mental illness includes a substantial disorder of thought, perception, orientation, or memory that impairs judgment and behavior.
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.
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 who is actively enrolled and participating in a certified and/or accredited substance abuse treatment program.