



## REDUCED FARE STATUS APPLICATION

QUALIFICATION CATEGORIES All Applicants Complete Section 1	SUPPORTING DOCUMENTATION REQUIREMENTS
Seniors (65+)	Photo identification with proof of age
Youth (6-18)	Proof of age and photo identification may be requested
Medicare Card holders	Photo identification and red, white, & blue Medicare card
Veterans	Photo identification & DD214, VA i.d., or Vet. Status i.d.
SSI, SSDI, VA Disability Recipients	Photo identification and most current qualifying letter
Medically Verified Disability – <b>Provider must complete Section 2/Page 2</b>	Photo identification and certification by qualified health care professional and/or certified agency ( <b>See Page 2</b> )

### Section 1: To be completed by Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **DATE:** \_\_\_\_\_  
**Last name** **First name**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Mailing Address** **Apt/Unit #** **City** **State** **Zip Code**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Phone number (include area code)** **Date of Birth** **E-mail address**

**Preferred Method of Notification:** \_\_\_ Mailing address \_\_\_ Phone \_\_\_ E-mail

**Reduced Fare Category:** \_\_\_ Senior \_\_\_ Medicare \_\_\_ SSI, SSDI, VA \_\_\_ Veteran \_\_\_ Disability \_\_\_ Youth

**Choose one:** \_\_\_ Dirigo TouchPass \_\_\_ Mobile app \_\_\_ Cash user/ID card only

**If Smartcard (Dirigo Pass), would you like your photo on it?** \_\_\_ Yes \_\_\_ No

**Mail** \_\_\_ **Pick up at** \_\_\_ (A photo can only be printed at a Greater Portland Metro location)

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 eligible to receive the Reduced Fare Rate (50% of the regular fare) under the Dirigo Pass Automated Fare System. I will not loan or give use of my card or mobile app to anyone. If paying with cash, I will present my ID card to the bus operator as requested when paying my fare.

**Signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Medically Verified Disability information – continue on to page 2

If a health care professional feels an individual, who, by reason of illness, injury, age, mental illness, cognitive impairment, or other permanent or temporary incapacity or disability, including those who are non-ambulatory, using a mobility aid 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 (Title 49 CFR 609.3—Definitions)**, qualifies for Reduced Fare status, please document it in Section 2. This disability or incapacity must result in a reduced capacity to perform actions necessary for the use of regular fixed-route services without receiving special training or assistance.

**Section 2: To be completed by Professional Healthcare Provider/Agency within 30 days of application date**

In order to qualify for Dirigo Pass Automated Fare System reduced fare, your client/patient listed on this application must have a physical or mental/cognitive condition that falls within the medical eligibility criteria that substantially limits a major life activity, such as caring for one’s self, walking, seeing, hearing, speaking, breathing, learning, and/or working, and that further meets legal standards for reduced fare eligibility listed on page one of this application.

**Is this disability permanent?**  Yes  No **If no,** how long do you expect it to last? \_\_\_\_\_

**(Note: If disability is temporary, it must last for at least 90 days to be eligible for reduced fare.)**

**I certify that:** \_\_\_\_\_ meets the criteria for reduced fare as listed above, and the **Qualifying disability is:** \_\_\_\_\_.

**Printed name of healthcare professional/agency representative:** \_\_\_\_\_

**Signature of healthcare professional/agency representative:** \_\_\_\_\_

**Name of Providing office or agency:** \_\_\_\_\_

(A provider’s stamp may be used in this area, or certification on provider’s letterhead must be attached.)

**Office Address:** \_\_\_\_\_

**Office phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

If there are any questions regarding completion of this form, please call 1-833-272-7270. Completed forms may be faxed, mailed, or delivered to your local transit agency: Metro (114 Valley St., Portland, 04102, or 21 Elm St. Pulse), BSOOB Transit (Customer Service, Saco Transportation Center, 138 Main St., Saco, 04072), South Portland Bus Service (South Portland City Hall, 25 Cottage Rd., South Portland, 04106).

**This section to be completed by transit staff**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Fare choice: \_\_\_\_\_ Dirigo Pass Card \_\_\_\_\_ with photo/ \_\_\_\_\_ without photo or \_\_\_\_\_ Mobile app  
(A photo can only be printed at a Greater Portland Metro location)

RF ID # \_\_\_\_\_ 16-digit TouchPass # \_\_\_\_\_ Photo # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Type of supporting documentation: (i.d, RWB Card, benefit letter, medical) \_\_\_\_\_

Photocopy of supporting documentation made: \_\_\_\_\_ Username: \_\_\_\_\_

State ID, type, number \_\_\_\_\_