



HALF-FARE PROGRAM APPLICATION

HALF-FARE IDENTIFICATION CARDS FOR ELDERLY AND DISABLED PERSONS

PAGE 1 TO BE COMPLETED BY ALL APPLICANTS

Name of Applicant: _____

Address: _____

Home Telephone: _____

Date of Birth: _____

Email Address: _____

LAST 4 DIGITS Social Security #: _____

I am applying for a GLTC Half-Fare Identification Card because: (CHECK ONE)

_____ I am **65 years old** of age or older (please include a copy of the document that certifies you are age 65 or older with this application)

_____ I have a **Medicare Card** (please include a copy of your Medicare Card with this application)

_____ I have a **Disability** that makes me unable to use bus service as effectively as those persons who are not similarly disabled. (If you are applying for a Half-fare ID card under this category, you must have Page 2 of this Application completed and signed by a qualified professional/provider who can certify the disability of the individual completing this application)

Applicant Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO: **Greater Lynchburg Transit Company**
Attn. Eligibility Coordinator
PO Box 11286
Lynchburg, VA 24506
Phone: 434-455-5080
Fax: 434-528-4582

If approved, a letter of approval will be returned with instructions on how to obtain your half fare identification card.

FOR OFFICE USE ONLY

_____ Approved _____ Not Approved

By: _____ Date: _____ Card No: _____

HALF-FARE PROGRAM APPLICATION

Qualified Professional Certification

PAGE 2 TO BE COMPLETED FOR APPLICATION BY A QUALIFIED PROFESSIONAL/PROVIDER

I CERTIFY THAT THE INDIVIDUAL IDENTIFIED ON PAGE 1 OF THIS APPLICATION QUALIFIES FOR A GLTC REDUCED FARE IDENTIFICATION CARD SERVICES BASED ON ONE (OR MORE) OF THE FOLLOWING REASONS: (Please check as many reasons as applicable).

- (1) The person cannot board or leave a transit bus with reasonable speed and/or without aid from another person.
- (2) The person cannot stand without major support in a moving vehicle under normal acceleration and deceleration.
- (3) The person has uncorrectable vision impairment which makes difficult or impossible to read bus information or bus stop signs.
- (4) The person has uncorrectable hearing impairment which make difficult or impossible to hear verbal announcements or bus information through either direct personal or electronic communication.
- (5) The person needs (for valid medical reasons) the aid of a cane, crutches or other mechanical devices to assist him or her in moving about.
- (6) Due to physical or mental conditions, the person cannot use the bus without the help of another person or special training.

THE PERSON'S DISABILITY CAN GENERALLY BE DESCRIBED AS:

The Disability is permanent.

The Disability is temporary and will last until: _____

Due to the disability indicated above I hereby certify that the applicant named on the other side of this application has a disability which limits their ability to use the services of GLTC, and to the best of my knowledge the above information is true and correct.

Authorized Signature: _____

Name of Qualified Professional/Provider: _____

Qualified Professional/Provider's Agency: _____

Address: _____

Telephone No: _____ Date: _____