

Reduced Fare Program



NAME (First and Last Name)		
STREET ADDRESS		
CITY	STATE	ZIP
PHONE	DATE OF BIRTH	
EMAIL	MASABI ID NUMBER (for office use only)	

Bring the completed application to the COTA Pass Sales Office at 33 N. High St., Columbus, Ohio 43215. Applications are accepted Monday through Friday from 8 a.m. to 5 p.m. All applicants must have photo identification plus proof of discount eligibility.

Select the discount you're applying for and confirm you have the required materials for proof of eligibility.

Individuals Receiving Income Assistance

Provide a benefit verification letter from a qualifying agency that includes your name and confirms you received assistance from an FCJFS-qualified program within the past 12 months.

Individuals With Disabilities

Provide documentation from a licensed or certified professional familiar with the functional limitations of your condition by completing the form below.

Medicare Recipients

Present your Medicare card displaying your name, Medicare number and coverage details.

Adults 65+ Years Old

Present a valid photo ID with your date of birth.

Social Security Disability Insurance (SSDI)

Provide a benefit verification letter from the Social Security Administration (SSA).

Veterans

Present an active military or Veteran ID card.

If this section is not properly completed, a Reduced Fare discount will not be issued.

I CERTIFY THAT the information above is true. By signing this form, I also authorize the release of medical information by the certifying professional.

SIGNATURE

DATE

THIS SECTION IS TO BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL.

Please use the eligibility criteria on the reverse side of this application.

If this section is not properly completed, a Reduced Fare discount will not be issued.

NATURE OF DISABILITY: **Physical** | **Psychological** | **Developmental**

DISABILITY CATEGORY (see back of form): _____

BRIEF EXPLANATION: _____

IS CONDITION TEMPORARY: **Yes** | **No** | **If yes**, anticipated duration: _____

Disability significantly affects the applicant's ability to perform the following functions:

I CERTIFY THAT, based on my skill, knowledge and experience, and with a reasonable degree of certainty, the applicant named above is eligible for COTA's Reduced Fare Program. Ohio law prohibits making a false statement to mislead a public official or secure benefits paid from a public treasury. (Section 2921.13 O.R.C.)

NAME: _____ OHIO LICENSE NO. _____

TITLE: _____ AGENCY: _____

ADDRESS: _____ CITY, ZIP: _____

Reduced Fare Program Eligibility Criteria

The Central Ohio Transit Authority has adopted the following definition of a person with disabilities to enable compliance with section 5(m) of the Urban Mass Transportation Act of 1974 which, together with criteria for establishing eligibility and procedures for identifying eligibility, shall be effective regarding the half-fare June 15, 1976.

THE FUNCTIONAL DEFINITION OF A PERSON WITH DISABILITIES

Disability means, with respect to an individual — a permanent or temporary physical or mental impairment that substantially limits one or more of the major life activities of an individual. Major life activities include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

ELIGIBILITY BASED ON PROFESSIONAL CERTIFICATION

CATEGORY 1: *Musculoskeletal Disorders*

- 1-1 Amputation of one or more major extremities
- 1-2 Arthritis leading to joint deformity or chronic pain substantially limiting function
- 1-3 Back injury or disease permanently affecting strength, flexibility and endurance
- 1-4 Joint contractures

CATEGORY 2: *Neuromuscular Disorders*

- 2-1 Hemiplegia or hemiparesis
- 2-2 Paraparesis or quadraparesis
- 2-3 Ataxia and other coordination disorders
- 2-4 Cerebral palsy
- 2-5 Seizure disorders
- 2-6 Muscular dystrophy
- 2-7 Multiple sclerosis
- 2-8 Peripheral neuropathies

CATEGORY 3: *Neurosensory Disorders*

- 3-1 Hearing impairment
- 3-2 Visual impairment
- 3-3 Aphasia-receptive-expressive

CATEGORY 4: *Pulmonary Disorders*

- 4-1 Chronic obstructive lung disease
- 4-2 Emphysema
- 4-3 Chronic bronchitis

CATEGORY 5: *Cardiovascular Disorders*

- 5-1 Myocardial infarction
- 5-2 Valvular disease
- 5-3 Angina pectoris
- 5-4 Thrombophlebitis

CATEGORY 6: *Treatment Induced Disabilities*

- 6-1 Radiation therapy
- 6-2 Chemotherapy
- 6-3 Kidney dialysis

CATEGORY 7: *Cognitive Disorders*

- 7-1 Intellectual disability
- 7-2 Autism
- 7-3 Perceptual disorders
- 7-4 Organic brain syndrome

CATEGORY 8: *Psychiatric Disorders*

- 8-1 Chronic mental disabilities
- 8-2 Behavioral disorders
- 8-3 Personality disorders

A person is not considered transportation handicapped if his/her sole disability or incapacity is:

- 1. Any physical, mental or psychological disability of less than two months duration
- 2. Pregnancy
- 3. Obesity
- 4. Controlled epilepsy
- 5. Drug/alcohol dependency

PROFESSIONAL CERTIFICATION

Any physical incapacity or disability which causes a person to have difficulty in utilizing mass transportation must be so certified by a licensed professional. Mental and psychological incapacities or disabilities must be certified by a licensed professional. The Central Ohio Transit Authority, at it's own expense, shall have the right and opportunity to examine a person seeking reduced fares, when and so often as it may be reasonably required. The Transit Authority examination shall not be in lieu of certification by the applicant's physician.

Duration of temporary use of the discount is to be established at the time of certification.