



Discounted Fare ID Badge Application

General Information

The designation of Discounted Fare is the name assigned to a category of customers who are eligible to receive up to a 50% discount of the cash fare upon boarding fixed route services OR a discounted price on selected HRT's fare media/passes. The objective of the Discounted Fare Program is to provide reduced fares on fixed route services for seniors, people with disabilities or Medicare cardholders in compliance with the Federal Transit Administration's Discounted Fare requirements (Code of Federal Regulations, Title 49, Subtitle B, Chapter VI, Part 609). Although not required by the previously cited code, HRT has extended the Discounted Fare category to include Youth who are ages 17 and under.

In order to receive the Discounted Fare discounts when using HRT's services, individuals must show proof of eligibility as detailed below. However, for ease in boarding, all eligible individuals wishing to receive the Discounted Fare discounts are encouraged (but not required) to obtain an HRT Discounted Fare ID.

The information on this application will be kept confidential by the professionals involved in evaluating the individual's eligibility. HRT may contact the physician or licensed health care provider indicated on this form to verify the disability. **There is no cost to the applicant for the initial Discounted Fare ID; however, if the card is lost, stolen or damaged, a replacement card will be issued at a cost of \$15, with a limit of one replacement per calendar year.** The HRT Discounted Fare ID is to be used exclusively by applicant. Allowing others to use it is prohibited and will result in the immediate loss of privileges.

Eligibility

Seniors or Persons with Disabilities means those 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.

Medicare Cardholders means those individuals who have been issued a Medicare card, regardless of age or disability.

Youth means those individuals who by reason of age have not reached legal adult status. Once the adult age of majority (18) is obtained, the individual is no longer considered a youth for this designation, regardless of school status.

Who is not eligible?

People whose sole incapacity is pregnancy, obesity, acute or chronic alcoholism or drug addiction, or have a contagious disease are not eligible. Financial need is NOT a consideration.

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Required Proof of Eligibility When Boarding (Upon Request)

Seniors (Age 65 and older)

1. State/Government/Military ID (photo ID) with qualifying age (pays discounted fare), or
2. [HRT Discounted Fare photo ID](#) badge (pays discounted fare)

Medicare Cardholders

1. [Government issued Medicare card](#)* with a matching photo ID (pays discounted fare), or
2. [HRT Discounted Fare photo ID](#) badge (pays discounted fare)

Persons with Disabilities

1. [HRT Discounted Fare photo ID](#) badge (pays discounted fare), or
2. HRT Certificate of Eligibility for ADA Paratransit Services with matching photo ID (pays discounted fare), or
3. HRT Paratransit photo ID badge (rides free)

Youth

1. Accompanied age 17 and below with fare paying adult (rides free)
2. Unaccompanied age 13-17 with Student Freedom Pass (rides free)
3. Unaccompanied age 17 and below with State/Government/Military ID (photo ID) with qualifying age (pays discounted fare)

Accepted forms of ID for Discounted Fare ID Badge Application

- Valid State/Government/Military ID, or
- Valid (non-expired) passport

Guidelines for Completing the Discounted Fare ID Badge Application

Persons with Disabilities

1. Upon completion of all required sections, return to HRT to process the application. You MUST bring one of the forms of ID listed above.
2. HRT may contact the health care professional for verification.
3. HRT makes the final eligibility determination.

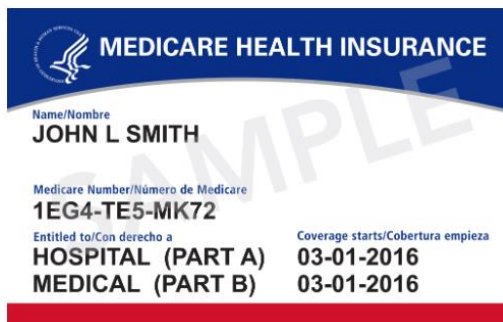
Medicare Cardholders

- Bring valid State/Government/Military ID and Medicare card*.

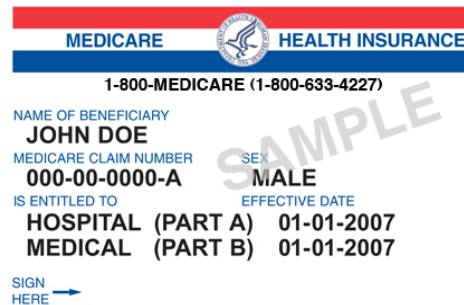
Seniors

- Bring valid State/Government/Military ID showing proof of age of 65 or over.

* Only standard Medicare cards (see below) will be accepted. Customers with Medicare Advantage or similar Medicare variants must present a standard Medicare card (with matching photo ID) to receive a discounted fare based on Medicare.



New Style



Old Style

More info is available at <https://www.medicare.gov/forms-help-resources/your-medicare-card>



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Instructions to Applicant:

Please complete the top part of this form. Have your physician complete the bottom part and return it to your nearest ID processing location along with your State/Government/Military ID. **There is no cost for the initial discounted fare ID badge.** Once approved, the ID card will allow you to ride the Hampton Roads Transit system for a discounted fare.

If you ever lose your ID badge, a replacement ID badge will cost \$15. You may only receive one replacement ID badge per calendar year.

Name _____ Date of Birth ___/___/___
(Last) (First) (M)

Address _____ Apt. _____

City _____ Zip _____

Phone (____) _____ Email _____

I certify that all the information above is true and correct. I agree to use the ID card issue under this program for the purpose intended. I understand this ID card is not transferrable.

Signature _____ Date _____

Instructions to Physician:

If your patient meets the criteria described below, please complete the bottom of the form. This form must be completed by a licensed physician (MD), applications completed by a Physician Assistant (PA) or Registered Nurse (RN) will not be accepted.

Doctor's Certification

I certify that the above-named individual has a permanent or temporary disability. The expected duration of the disability is:

(Check one) Permanent ___ Temporary ___ Temp Exp. Date ___/___/___
mm dd yy

Physician's Signature _____

Physician's Name (Typed or Printed) _____

Physician's Address _____

Physician's ID # _____