



## Reduced Fare Program

Delaware County Transit  
119 Henderson Ct.  
Delaware, Ohio 43015  
740-363-3355

**Delaware County Transit**

This section is to be completed by the applicant

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

You may mail or bring in person the completed application to: Delaware County Transit 119 Henderson Ct. Delaware Ohio 43015 or by fax 740-362-7603.

Do you receive Social Security Disability?                      **Yes   No**

Are you a Medicare Card holder?                                      **Yes   No**

**If yes, STOP** this form **does not** have to be completed by a physician if you provide a current Social Security Disability award letter or Medicare Card.

**If No,** read the following, sign and date this form and have your physician complete the back portion.

I certify that the above information is true. I understand that if this application is approved, I will be issued an identification card to use until the indicated expiration date on the card. I agree not to lend my card to anyone. I agree to present my card to the Bus Operator when paying my fare. I also understand that Delaware County Transit employees are authorized to confiscate my I.D. Card if it is used in an unauthorized manner. By signing this form I further authorize the release of medical information by the certifying professional.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**This section is to be completed by a licensed medical professional. If this section is not properly completed, a Reduced Fare Card will not be issued.**

Nature of disability: **Physical**    **Psychological**    **Developmental**

Disability: \_\_\_\_\_

Brief explanation: \_\_\_\_\_

Is condition temporary?                      **Yes**    **No**

If Yes, anticipated duration: \_\_\_\_\_

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

\_\_\_\_\_

I certify that, based upon my skill, knowledge, and experience, and based upon a reasonable degree of certainty, the above name applicant is eligible to participate in Delaware County Transit's Reduced Fare Program.

Ohio law prohibits the making if a false statement when the statement is made with the purpose of misleading a public official or to secure payment of benefits paid out to a public treasury.    Section 2921.13 O.R.C.

**CERTIFIED BY:**

Name \_\_\_\_\_ Ohio License Number \_\_\_\_\_

Title \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_ City Zip \_\_\_\_\_