

Reduced Fare Program



NAME (First and Last Name)		
STREET ADDRESS		
CITY	STATE	ZIP
PHONE	DATE OF BIRTH	

Bring completed application to COTA Pass Sales Office, 33 N. High St., Columbus, OH 43215. Applications accepted Monday through Friday, between the hours of 9 a.m. and 4 p.m. only. All applicants must have photo identification plus verification of Social Security number.

Do you have a Medicare card? **Yes** **No** **If yes, STOP.** This form does not need to be completed by a physician.

Do you receive V.A./Social Security Disability at minimum 80%? **Yes** **No**

If yes, STOP. This form does not need to be completed by a physician if you provide a current V.A./Social Security Disability award letter. **If no,** read the following, sign and date this form and have your physician complete the bottom portion.

I certify that the above information is true. I understand that if this application is approved, I will be issued a photo 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 COTA employees are authorized to confiscate my I.D. Card if it is used in an unauthorized manner. By signing this form I further authorized the release of medical information by the certifying professional.

SIGNATURE

DATE

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

Please use eligibility criteria on reverse side of this application. If this section is not properly completed, a Reduced Fare Card 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 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 named applicant is eligible to participate in COTA's Reduced Fare Program. Ohio law prohibits the making of a false statement when the statement is made with the purpose of misleading a public official or to secure payment of benefits paid out of 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 Mental retardation
- 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 its 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 card is to be established at the time of certification.