# REDUCED FARE PROGRAM APPLICATION FOR A PERSON WITH A DISABILITY

To be certified by a licensed physician only.



### INSTRUCTIONS

#### **APPLICANT**

Fill out the information in the "To be completed by Applicant" section and submit to a licensed physician for certification.

Eligible applicants will receive a Reduced Fare ID Card through the mail approximately four weeks after the physician has mailed in the application. A booklet of Reduced Fare Tickets may be obtained at participating banks, savings and loan associations, and authorized state and county agencies.

#### **PHYSICIAN**

Please complete all items (Items 1-7) in section marked "Physician Certification" and mail directly to:

NJ TRANSIT Reduced Fare Program 180 Boyden Avenue Maplewood, NJ 07040

Under "Ambulatory Disabled" (Item 6), check the subcategory that makes your client eligible and describe in detail the nature of the impairment or disability in the space provided.

Unless a category is specifically checked off and, in the case of "Ambulatory Disabled" more specifically categorized, we cannot accept this application. If there is no category that your patient fits into, he or she is not eligible for the program. These criteria have been set and are mandated by the law.

You are assured that you are not liable to NJ TRANSIT in any way as the result of furnishing your certification.

#### **ELIGIBILITY CRITERIA**

General Provisions:

- 1. The Eligibility Criteria listed on page 2 of the application are the sole basis for the determination of a disability for the NJ TRANSIT Reduced Fare Program.
  - a. An applicant 62 years of age or older who is not enrolled, may enroll in the Reduced Fare Program through the Senior Citizen Program. Senior Citizens applications are available at most banks, savings and loan associations and authorized state and county agencies.
- 2. Reduced Fare Identification Cards for persons with permanent disabilities are valid until expiration date shown on card.
- 3. NJ TRANSIT reserves the right to verify Certification Forms by contacting persons completing the forms.
- 4. Any fees charged for the completion of Certification Forms are not the responsibility of NJ TRANSIT.
- 5. Certification Forms will be confidential records and kept on file at NJ TRANSIT during the period of eligibility.
- 6. The criteria for eligibility on the application are in accordance with the following definition: "A person with a disability means any individual who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, is 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."

#### **Exclusions**

Persons whose sole incapacity is:

- 1. Pregnancy
- 2. Obesity
- 3. Acute or chronic alcoholism or drug addiction
- 4. Contagious diseases are specifically excluded from discount fare eligibility

For assistance in filling out this application, please call the NJ TRANSIT Reduced Fare Office Monday - Friday, 8:45 AM - 4:15 PM, at 1 (973) 378-6401.



# REDUCED FARE PROGRAM APPLICATION FOR A PERSON WITH A DISABILITY

(complete both sides)

## TO BE COMPLETED BY APPLICANT

I. Name				
	(last)	(first)		
. Address _	(street)			(Apt.)
	(city)	(county)	(state)	(zip code)
. Sex:	( ) Male ( ) Female			
. Height _				
. Date of Bir	th			
. Social Sec	urity Number (if any)			
. Telephone	Number			
. Signature				
		ON (to be completed I		cian only)
. Office Add				
	(street)			
	(city)	(state)		(zip code)
3. Licensing I	dentification			
I. Signature				

(1)

OVER

# PHYSICIAN CERTIFICATION (cont'd)

# **ELIGIBILITY CRITERIA**

The impairment or disability is consid	ered:
5. Permanent ( )	Temporary ( )
	Estimated Period of Disability
	From to(date)
6. ( ) Non-Ambulatory Disabled	
without the assistance of a pe	or disability will not allow that person to walk, even with the assistance of devices, but with or rsonal care attendant (PCA), has the personal mobility and independence in a wheelchair transportation services is a reasonable expectation.
( ) Semi-Ambulatory Disabled	
	or disability will not allow that person to walk without the assistance of walkers, crutches other such adaptive device, and for whom use of appropriate public transportation services
( ) Ambulatory Disabled	
	relates to a degree of visual, audio, physiological, mental or psychological disability of and for whom private personal transportation poses an unreasonable difficult or danger.
visual field is contracted (commo diameter subtends an angle no general () Hearing - loss is 90 dba or great () Faulty coordination from brain, s () Epilepsy - petit and grand mal () Autism () Cerebral palsy () Mental Retardation or Mental Illing Mental Retardation - is a state of minor or adult person. Mental Illing for his/her own welfare or the weak () Other - please specify the	bility hose vision in the better eye after correction is 20/200 or less; and those persons—whose nly known as tunnel vision) to 10 degrees or less from a point of fixation, or so the wides reater than 20 degrees. er in the 500, 1000, 2000 Hz ranges. er in the 500, 1000, er injury or arthritic condition.  ess f significant subnormal intellectual development with reduction of social competence in a less - is a mental disease to such extent that a person so afflicted requires care and treatment fare of others or the community. I disability that impairs mobility.
Details of ambulatory disabilit	r.
7. Does this person's disability require	that he or she use a personal care attendant (PCA) in order to use public transportation?
( ) yes ( ) no	