



Metro Half-Fare Program Application for Individuals with Disabilities

Metro’s Half-Fare Program is available to individuals who meet certain eligibility criteria. With a Metro half-fare photo identification card, eligible persons may ride fixed-route and express service at a reduced fare of 60¢ for a single ticket. Transfers are 25¢. Monthly passes are also available at a reduced rate of \$27.50. Half fares are valid during all hours of bus service operated by Metro. The Half-Fare Program does not apply to MOBY (paratransit) service.

This application is to be used by individuals applying for half fare based on disability.

In accordance with the Federal Transit Administration, a person with a disability eligible for half fare is an individual who, due to illness, injury, age, congenital malfunction, or other permanent or temporary incapacity, is unable without special facilities, planning or design to utilize mass transportation facilities and services effectively. The disability may be permanent or temporary; however, a temporary disability must be anticipated to last for more than 90 days. Temporary disabilities lasting fewer than 90 days are not eligible for half fare.

<i>Eligibility Basis</i>	<i>Application Requirements</i>
Disability	<ol style="list-style-type: none"> 1. Complete application (Part 1) 2. Photo identification (i.e. driver’s license or state-issued I.D., passport) 3. Complete medical/professional verification form (Part 2) <ul style="list-style-type: none"> ○ If the applicant is a MOBY rider with current eligibility, the medical/professional verification form is not needed.
Disability + Veteran	<ol style="list-style-type: none"> 1. Complete application 2. Photo identification (i.e. driver’s license or state-issued I.D., passport) 3. Documentation of VA service-related disability rating of 100%

The Metro half-fare photo identification card must be shown to the bus operator when an individual boards a bus and prior to depositing the cash fare, inserting or swiping a half-fare ride ticket, or scanning half-fare Umo card. Individuals eligible for half fare on the basis of disability must obtain a Metro half-fare photo identification card. A person with a disability who has a current Medicare card should use the Half-Fare Program application for age and Medicare.

Cost for Half-Fare Photo Identification Card

Metro Half-Fare Identification Card

- \$2.50 for first card
- \$3.00 for first replacement card
- \$5.00 for additional replacement cards.

Umo Half-Fare Identification Card

- No cost.

Please bring the completed application and documentation to Metro, 2222 Cuming Street, Omaha, NE 68102; Monday – Friday between 8:00 a.m. and 4:30 p.m.

If the professional completing the form on behalf of the applicant needs to fax their portion, please fax the completed form to 402-342-3395. The applicant will still need to complete the process in person to obtain their photo identification.

Part 1: Applicant Information

Circle One (Optional): Mr. Mrs. Ms. Mx. Dr.

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Birth date: ____/____/____ Email: _____
Month /Date / Year

Telephone: Primary (_____) _____; Secondary (_____) _____

If applicable, name of legal guardian or caretaker: _____

Guardian or caretaker telephone: (_____) _____

I authorize the professional completing this application to release information about my disability to Metro.

Original Signature of Applicant or Legal Guardian Month/Date/Year

Part 2: Medical/Professional Verification

Select One (Optional): Mr. Mrs. Ms. Mx. Dr.

Name: _____
Last First

Role (check one):

<input type="checkbox"/>	Audiologist	<input type="checkbox"/>	Nurse (LPN or RN)
<input type="checkbox"/>	Certified Rehabilitation Specialist or Counselor	<input type="checkbox"/>	Ophthalmologist
<input type="checkbox"/>	Licensed Occupational Therapist	<input type="checkbox"/>	Orientation/Mobility Specialist
<input type="checkbox"/>	Licensed Physical Therapist	<input type="checkbox"/>	Speech Pathologist
<input type="checkbox"/>	Licensed Physician	<input type="checkbox"/>	Psychiatrist, Psychologist, or Mental Health Counselor
<input type="checkbox"/>	Licensed Social Worker	<input type="checkbox"/>	Vision Specialist
<input type="checkbox"/>	Other (please specify):		

License Number/State Issued: _____

Institution/Facility/Agency Name: _____

Address: _____
Number Street City State Zip

Email: _____

Telephone: Primary (_____) _____ Ext. _____

Fax: (_____) _____

Metro Use Only:

Permanent or temporary eligibility?

Permanent

Temporary

Expiration Date: _____

What type of half-fare ID was issued? Metro ID

Umo Half Fare ID

App user? Yes No