



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

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**

Circle 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: (\_\_\_\_\_) \_\_\_\_\_

Check as many eligibility criteria as are applicable.

Please note the language used in the following descriptions is consistent with legal or regulatory definitions and may not be the current language commonly used.

	<b>Nonambulatory:</b> Functional limitation(s) or impairment(s) that require the individual to use a wheelchair.
	<b>Restricted mobility:</b> Requires the permanent use of a walker, crutch(es), leg or foot brace(s) or other mobility aid devices. Includes use of prosthetic devices due to one or more missing limbs or part(s) of limbs critical to full mobility.
	<b>Cardio-pulmonary disease:</b> Cardiovascular or respiratory condition that significantly interferes with coordination, endurance, or strength. The eligibility criteria for respiratory is Class III or above.
	<b>Dialysis treatment:</b> Must use kidney machine.
	<b>Vision disability (legal blindness):</b> Vision in the better eye after best correction is 20/200 or less and the visual field is contracted (commonly known as tunnel vision).
	<b>Auditory disability (severe hearing impairment):</b> Deafness or hearing loss of 90 dba or greater in the 500, 1,000, 2,000 Hz ranges that may make an individual insecure in public areas because the individual is unable to communicate or hear warning signals.
	<b>Neurological condition</b> that significantly interferes with coordination, strength, or endurance such as polio, cerebral palsy, multiple sclerosis or paralysis.
	<b>Muscular-skeletal condition</b> that significantly impacts motor skills, such as muscular dystrophy, severe rheumatism or severe arthritis affecting two or more limbs. American Rheumatism Association criteria may be used as a guideline for the determination of arthritic disability. Therapeutic Grade III or worse and Functional Class III or worse and Anatomical State III or worse are evidence of arthritic disability.
	<b>Intellectual disability:</b> Persons with sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior (a general guideline is an IQ more than two standard deviations below the norm).
	<b>Adult cognitive disability:</b> Persons whom by reasons of traumatic brain injury or illness suffer mental limitation.
	<b>Emotional disturbance:</b> To the extent of total disability and 1) living in a board and care home receiving State, county or federal financial assistance and participating in a state, county or federally funded work activity center/workshop; or 2) living at home under supervision and may or may not receive state, county or federal funded state, county or federal work activity center/workshop - <i>A 12-month certification.</i>
	<b>Epilepsy:</b> Clinical disorder involving impairment of consciousness, characterized by major motor seizures (grand mal or psychomotor) substantiated by EEG, occurring more frequently than one a month in spite of prescribed treatment with a) Diurnal episodes, or b) Nocturnal episodes showing residuals interfering with daytime activities - <i>A 12-month certification.</i>

*\*Students classified as handicapped under Nebraska Department of Education guidelines are also eligible for the Metro Half-Fare Program. For work experience programs, eligibility expires at the end of the school term. Currently all K-12 students ride fare-free and thus do not need to complete this application.*

Please indicate whether the disability is:

\_\_\_\_\_ Permanent                      \_\_\_\_\_ Temporary until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month / Date / Year

**COMMENTS**

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I hereby certify due to the checked criteria the above-named applicant is unable to utilize mass transit facilities and services as effectively as persons who are not so affected, and to the best of my knowledge the above is true and correct.

Professional's Signature

Date

**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