

H Application for Reduced Fare Disabled Permit

To qualify for a reduced fare permit you must be certified as disabled by a physician or a registered nurse OR a be Medicare recipient. (For persons 65 and over, please use Application for Senior Citizen Permit.)

PART I (To be filled out by the Applicant) Please print.

NAME: (Last, First, Middle Initial) _____ PHONE: _____

ADDRESS: (Street, City, State, Zip) _____

I hereby submit a copy of my Medicare Card # _____ as proof of my disability OR

I hereby authorize (Physician or Registered Nurse) _____
to release information to Metro Transit concerning my disability.

Applicant's Signature _____ Date _____

PART II (To be filled out by Physician or Registered Nurse)

Applicant's Name _____ is unable to perform the following function(s)
necessary for the effective use of mass transportation facilities without significant difficulty.

(Check all that apply)

- Board or alight from a standard bus
- Stand in a moving bus
- Read information signs
- Hear and/or understand announcements by driver
- Communicate to Metro employees
- Count/manipulate change
- Identify stops
- Remember to get on/off at the correct stop
- Signal stop

This limitation is:(check one) Temporary until _____ Of indeterminate length* Permanent

* Permit issued will be valid for six months only.

PRINT NAME & TITLE OF PHYSICIAN OR REGISTERED NURSE	PHONE
SIGNATURE OF PHYSICIAN OR REGISTERED NURSE	DATE

MAIL COMPLETED FORM TO: **Metro Transit**
1101 E. Washington Avenue
Madison, WI 53703

PART III (To be filled out by Metro Transit)

SIGNATURE OF METRO REPRESENTATIVE _____ DATE PERMIT ISSUED _____



For more information or help with this application – Call Metro Reception
Phone: 266-4904 TTY/Textnet: 1-866-704-2316 Fax: 267-8778