



# SKAGIT TRANSIT

## Reduced Fare Program Application

600 County Shop Lane  
Burlington, WA 98233  
(360) 757-8801 Fax (360) 757-8019

*For Agency Use Only*

ID# \_\_\_\_\_

Permanent

Temporary  
Expires on \_\_\_\_\_

Date & Initial \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street

\_\_\_\_\_ City Zip

Phone \_\_\_\_\_ Signature \_\_\_\_\_

I am applying for the Reduced Fare Program based on the following:

### Permanent Permit qualifications:

- I am 65 years of age or older.
- I am providing proof of disability as determined by the Veterans Administration

### Temporary or Permanent Permit qualifications:

- I am providing proof of my eligibility for Social Security Disability Benefits or Supplemental Security Income Benefits. Permanent  Temp -  Expiration:  \_\_\_\_\_
- I am presenting a valid Medicare card issued by the Social Security Administration.  
 Permanent  Temp - Expiration: \_\_\_\_\_
- I am currently participating in an Individual Educational Program (IEP).  
 Permanent  Temp - Expiration: \_\_\_\_\_
- I am providing proof of my eligibility for Reduced Fares through another transit agency (Temporary – one time qualification, must obtain Skagit Transit qualification within 6 months).  
o Agency \_\_\_\_\_
- I have an obvious physical impairment(s) meeting one or more of the **Medical Eligibility Criteria and Conditions** brochure. Permanent  Temp Exp  ation: \_\_\_\_\_
- I am medically disabled as certified by a Physician, Psychiatrist, Psychologist (Ph.D.), Physician's Assistant (P.A.), Advanced Registered Nurse Practitioner (A.R.N.P.), or Audiologist, licensed in the State of Washington (*have doctor fill out the section below*).

*Doctor use only:* Doctor Name & Title \_\_\_\_\_

License # \_\_\_\_\_ Phone \_\_\_\_\_

List or Describe Eligible Disability \_\_\_\_\_

Is Disability -  Permanent or  Temporary Expires on \_\_\_\_\_

Does client require a Personal Care Attendant while traveling?  Yes  No

Signature \_\_\_\_\_