



# 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:

- Skagit Transit Dial-A-Ride eligibility qualifies for Reduced Fare. (Qualification based on DAR eligibility status).

*DAR Staff Use Only:* D.A.R. eligibility certified by \_\_\_\_\_ / Client ID # \_\_\_\_\_

Permanent Eligibility  Temporary Eligibility Expires on \_\_\_\_\_

- I am 65 years of age or older. (Permanent qualification).
- I am providing proof of my eligibility for Social Security Disability Benefits or Supplemental Security Income Benefits (Temporary qualification must be renewed annually).
- I am providing proof of my eligibility for Medicare (Temporary qualification).
- I am providing proof of at least a 40% disability as determined by the Veterans Administration (Permanent qualification).
- 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).
- I have an obvious physical impairment(s) meeting one or more of the Medical Eligibility Criteria and Conditions brochure.
- 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.

*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 \_\_\_\_\_