Reduced Fare Program Application

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

Name ___________________________________________  ____________________________________________
First                                         Middle                                         Last

Address _____________________________________________________________

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).

☐  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.

For Agency Use Only

ID# __________________________
☐  Permanent
☐  Temporary
  Expires on _______________
Date & Initial __________________

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 ________________________________