



Reduced Fare Program Application

Name _____
First Middle Last

Address _____
Street

City Zip

Phone _____ Signature _____

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

- I am 65 years of age or older.
- I am providing proof of the Veteran status.
- I am providing proof of my eligibility for Social Security Disability Benefits or Supplemental Security Income Benefits.
- I am presenting a valid Medicare card issued by the Social Security Administration.
- I am currently participating in an Individual Educational Program (IEP).
- I am providing proof of my eligibility for Reduced Fares through another transit agency
 - Agency _____
- 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