



REDUCED FARE PROGRAM GUIDELINES and APPLICATION

Discounted fares on local bus routes and ferry service are available to those who qualify. Children six and under may ride free. With an EMBARK Reduced Fare ID Card, customers will receive a 50% discount on single trip fares and passes. Passengers riding with a discounted pass or fare must be able to present proof of eligibility every time they ride.

WHO MAY QUALIFY

- **Seniors, age 60+:** must possess a photo ID showing date of birth, or a Medicare card.
- **Students, ages 12-17:** must possess a student ID or proof of current school enrollment. Applies only to students in middle and high school.
- **Children, ages 7-11:** proof of eligibility not required.
- **Individuals with disabilities:** Approval required. Must submit an application with medical certification or possess a Medicare or VA Service Connect Card.

HOW TO RECEIVE REDUCED FARE

- Seniors age 60+ and Medicare card holders may obtain a Reduced Fare ID card at the Downtown Transit Center located at 420 NW 5 St. on Wednesdays from 10 a.m. to 3 p.m. or after 5 p.m. on weekdays (excluding holidays). Customers will be required to provide information and present a current photo ID showing date of birth, and/or a Medicare card.
- **To qualify for a Reduced Fare status based on a disability**, customers must submit a completed Reduced Fare application. Applications are available at the Transit Center, online at embarkok.com, or upon request by calling (405) 235-7433. **A licensed medical professional must complete and sign the medical**

verification portion of the application. Additional eligibility information may be found on pages 4-5.

The application must be returned to EMBARK no later than 30 days from the date on which the medical verification was completed. Certification for this program will be delayed and/or denied if applications are incomplete or if returned more than 30 days from the date the medical verification was completed.

Applicants will be notified of their eligibility by mail. Once approved, customers are required to present their approval letter and a current photo ID showing date of birth, and/or a Medicare card to obtain a Reduced Fare ID card at the Downtown Transit Center located at 420 NW 5 St. on Wednesdays from 10 a.m. to 3 p.m. or after 5 p.m. on weekdays (excluding holidays).

- **Individuals with a temporary disability** may be eligible for Reduced Fare benefits if the disability will last less than three (3) months. A temporary Reduced Fare ID card may be renewed once during a one (1) year period (a total of 6 months maximum), and the card will not be valid after that time has expired. In order to renew a temporary Reduced Fare ID Card, a new application must be completed and submitted. Additional eligibility information may be found on pages 4-5.

Return the completed Reduced Fare application to EMBARK Customer Service at the Transit Center, by fax to (405) 316-2372 (be sure to fax both sides) or by mail to:

EMBARK Reduced Fare Program
2000 S. May Ave.
Oklahoma City, OK 73108

REDUCED FARE RENEWAL

All Reduced Fare benefits expire 3 years from approval. Renewal is not automatic. Customers receiving the benefit based on a disability must complete and submit a new application with new medical certification. Failure to obtain a new Reduced Fare ID card may result in the temporary loss of reduced fare status and customer may be required to pay full fare until a new card is obtained.

THINGS TO KNOW

- Passengers riding with a discounted pass or fare must be able to present proof of eligibility every time they ride.
- A Reduced Fare ID Card is to be used only by the person to whom it is issued and whose name appears on the card. Cards used by a person other than the legal card holder will be confiscated, and may result in revocation of eligibility for this program and suspension from using any EMBARK transit services as outlined in the Rider Conduct & Exclusion Policy.
- The card should not be folded, bent, or exposed to excessive heat (clothes dryer, hair dryer, etc.). If the card becomes damaged due to abuse, you will be expected to pay full fare until the card is replaced. Replacement cards may be purchased at the Transit Center. If you board a bus with an invalid Reduced Fare ID Card, you may be required to pay full fare or exit the vehicle.

If you have additional questions about the Reduced Fare ID Card program, please call EMBARK Customer Service at (405) 235-7433.

ELIGIBILITY GUIDELINES

A person is eligible for the Reduced Fare benefits if age 60+, a Medicare recipient, a VA Service Connect recipient, certified to use EMBARK Plus or, because of physical or mental disability (either permanent or temporary), he/she is unable to use EMBARK's regular transit services as efficiently as a non-disabled person. A licensed medical professional is required to certify your qualifying condition in one of the following categories.

- A. Condition requiring the use of a walker, wheelchair, crutches, leg or foot braces or other mobility aids.
- B. One or more missing limbs or critical parts thereof.
- C. Anatomical deformity of hand or foot.
- D. Legally blind (central visual acuity of 20 / 200 in the better eye with the use of corrected lenses, or a visual field of less than 20 degrees) or has a visual loss which prevents him/her from obtaining a driver's license.
- E. Average hearing loss of 90 dbs. or greater in the 500, 1000, and 2000 Hz. ranges.
- F. Cardiovascular or respiratory condition which significantly interferes with coordination, endurance or strength.
- G. Neurological condition which significantly interferes with coordination, strength, or endurance (i.e., polio, cerebral palsy, multiple sclerosis, paralysis, etc.)
- H. Musculoskeletal condition which significantly impairs motor skills, (i.e., muscular dystrophy, severe rheumatism or arthritis, etc.).
- I. Learning disability, mental retardation, or mental or psychological impairment that results in a reduced capacity to perform actions necessary for use of EMBARK's regular fixed route services without receiving special training.
- J. Dialysis treatment
- K. Epilepsy
- L. HIV / AIDS

EXCLUSIONS:

The following conditions will not establish eligibility for Reduced Fare:

- Pregnancy
- Any acute or chronic condition due to drugs or alcohol
- Contagious diseases
- Drug & Alcohol Rehabilitation
- Economic need

CERTIFICATION

Only the following LICENSED MEDICAL PROFESSIONALS may certify your eligibility for reduced fare.

- A licensed physician can certify in his/her area of normal practice.
- A licensed osteopath can certify in his/her area of normal practice.
- A licensed podiatrist can certify for Guideline **(A)**, Semi-Ambulatory.
- A licensed optometrist or an orientation and mobility specialist can certify for Guideline **(D)**, Blind or Low Vision.
- A licensed audiologist or a licensed otolaryngologist must certify for Guideline **(E)**, Deaf or Hard of Hearing
- A certified school psychologist can certify for those applicants who are under the age of 21, and for Guideline **(I)** only for developmental or learning disabilities.
- A licensed mental health medical professional can certify for Guideline **(I)** only for mental or psychological impairments.

APPLICATION FOR REDUCED FARE BENEFITS

Persons may be eligible for a Reduced Fare ID Card, if due to a permanent or temporary physical or mental disability, they are unable to use EMBARK's regular transit route services as efficiently as a non-disabled person.

TO BE COMPLETED BY APPLICANT: *(Please type or print in blue or black ink)*

INCOMPLETE, ILLEGIBLE APPLICATIONS WILL BE RETURNED AND WILL DELAY PROCESSING.

FIRST NAME	MIDDLE NAME	LAST NAME	
STREET ADDRESS <i>(PO Boxes Are Not Acceptable)</i>			
CITY		STATE OK	ZIP CODE
DATE OF BIRTH <i>(Required)</i>	SEX	EMAIL	
PRIMARY PHONE		ALTERNATE PHONE	

1. Describe your medical condition or impairment:

2. Explain how this condition/impairment reduces your ability to use regular transit services as efficiently as a non-disabled person:

MEDICAL VERIFICATION

PLEASE NOTE: This Medical Verification section of the application must be completed by a medical professional who is familiar with the applicant’s current medical condition. This can be a licensed physician, licensed mental health professional, certified physical therapist, or orientation and mobility professional. *(See pages 4- 5 ‘ELIGIBILITY’ for further information on accepted signatures, eligibility requirements and exclusions.)*

The applicant identified herein is applying for a Reduced Fare Benefits which provides reduced transit fares for persons who due to physical or mental disability(s), either temporary or permanent, are unable to use EMBARK’s regular transit route services as efficiently as a non-disabled person. To help us determine the applicant’s eligibility, please provide the information requested below.

INCOMPLETE, ILLEGIBLE APPLICATIONS WILL BE RETURNED AND WILL DELAY PROCESSING.

(Please type or print in blue or black ink)

APPLICANT’S FIRST NAME	MIDDLE NAME	LAST NAME
CASE MANAGER NAME <i>(If applicable)</i>		CASE MANAGER AGENCY/ORGANIZATION
CASE MANAGER EMAIL		CASE MANAGER PHONE

CHECK THE APPLICABLE ELIGIBILITY CATEGORY: *(Required)*

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Condition requiring the use of a walker, wheelchair, crutches, leg or foot braces or other mobility aids. <input type="checkbox"/> One or more missing limbs or critical parts thereof. <input type="checkbox"/> Anatomical deformity of hand or foot. <input type="checkbox"/> Legally blind (central visual acuity of 20 / 200 in the better eye with the use of corrected lenses, or a visual field of less than 20 degrees) or has a visual loss which prevents him/her from obtaining a driver’s license. <input type="checkbox"/> Average hearing loss of 90 dbs. or greater in the 500, 1000, and 2000 Hz. ranges. <input type="checkbox"/> Cardiovascular or respiratory condition which significantly interferes with coordination, endurance or strength. | <ul style="list-style-type: none"> <input type="checkbox"/> Neurological condition which significantly interferes with coordination, strength, or endurance (i.e., polio, cerebral palsy, multiple sclerosis, paralysis, etc.) <input type="checkbox"/> Musculoskeletal condition which significantly impairs motor skills, (i.e., muscular dystrophy, severe rheumatism or arthritis, etc.). <input type="checkbox"/> Learning disability, mental retardation, or mental or psychological impairment, if this results in a reduced capacity to perform actions necessary for use of EMBARK’s regular fixed route services. <input type="checkbox"/> Dialysis treatment <input type="checkbox"/> Epilepsy <input type="checkbox"/> HIV / AIDS |
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DISABILITY OR CONDITION IS: *(Check One)*

_____ **Permanent** (3 years+)

_____ **Temporary** (3 months – one renewal allowed)

Briefly describe applicant’s disability *(Required)*

How does the disability affect the applicant resulting in his/her inability to use EMBARK’s regular transit route services as efficiently as a non-disabled person? *(Required)*

PHYSICIAN / LICENSED MEDICAL PROFESSIONAL CERTIFICATION:

(Please type or print in blue or black ink)

FULL NAME of Physician/Licensed Medical Professional		LICENSE NUMBER		
INSTITUTION of Physician/Licensed Medical Professional				
MAILING ADDRESS		CITY	STATE	ZIP
PHONE	EMAIL		FAX	

I certify that I am familiar with the applicant's current medical condition and that the information I have provided in this application is a fair representation of the applicant's medical impairment or condition and is accurate to the best of my knowledge. I understand that the information provided in this application will be used for the sole purpose of determining the applicant's eligibility for EMBARK Reduced Fare Benefits. I also agree that EMBARK may contact me for clarification of any information I have provided and that I will reply in good faith.

Signature _____ **Date:** _____

False medical certification of a disability may lead to being disqualified from participating in EMBARK's Reduced Fare Benefit program; Central Oklahoma Transportation and Parking Authority reserves the right to: (1) verify the validity of the license of the health care professional providing the certification, (2) make the final determination on an applicant's eligibility for the Reduced Fare ID Card, and (3) retain the original copy of the application.

Return applications to:

EMBARK - Reduced Fare ID Program
2000 S. May Ave.
Oklahoma City, OK 73108

EMAIL: specialservices@okc.gov
FAX: (405) 316-2372 *(fax both sides)*

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