



WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY



APPLICATION

REDUCED FARE PROGRAM FOR PERSONS WITH DISABILITIES

This application form is for people who wish to apply for disabled patron status. Individuals with disabilities that significantly limit their ability to use mass transportation may be eligible to receive a disabled patron ID card and ride at a reduced fare.

I. WHO QUALIFIES

The Federal Transit Act, 53 USC, Section 5307 defines those who qualify as follows: “Those individuals who by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected.” **Financial need is not an allowable disability criteria.**

II. HOW TO OBTAIN A REDUCED FARE DISABLED PATRON ID CARD

1. Read the entire application.
2. Fill out Part A of this application.
3. Take the application to your health care professional for certification (Part B).
4. If you are a Medicare Card holder from Social Security, you do not need to apply for the Disabled Patron ID card. Just present your Medicare Card plus one proof of identification to the Metrobus Operator when boarding or at the Metro Sales Outlets to purchase the Disabled farecard. This Medicare card entitles you to the same reduced fare at all times.
5. Bring identification with you (e.g., birth certificate, drivers license).
6. Bring the completed application to the Metro ID Card Office, 600 5th St. N.W. Washington, DC 20001, 7:30 AM-3:30 PM, Monday-Friday. For additional information, read Page 2 or call (202) 962-1245 or (202) 628-8973 (TDD).
7. Applications are not accepted by mail. Applicant is required to appear in person for picture.
8. If you have reached the age of 65, you qualify for a Metro Senior Citizen ID (apply at libraries) that offers the same fare discount as the Disabled Patron ID. You will *not be issued a Disabled Patron ID*.

III. WHO CAN CERTIFY

If your disability *significantly limits* your ability to use mass transportation, one of the following health care professionals, as appropriate to your case, may be able to certify you to qualify for a Reduced Fare Disabled Patron ID Card (see Page 4 for guidelines):

- ◆ A licensed physician can certify in his/her *area of normal practice*.
- ◆ A licensed podiatrist can certify for Guideline 2, semi-ambulatory.
- ◆ A licensed optometrist can certify for Guideline 8, sight.
- ◆ A licensed audiologist can certify for Guideline 9, hearing.
- ◆ A certified school psychologist can certify for those applicants who are under the age of 21 years and for Guideline 14 only, neurological/mental retardation.

IV. CERTIFICATION PROCESS

1. Healthcare professionals must be guided by Part C, “Guidelines For Medical Professionals,” on Page 4 of this application and by the Federal Transportation Administration definition stated above in Item I.
2. WMATA may contact the certifying health care professional to verify the accuracy of the information.
3. WMATA reserves the right to make the final determination as to an applicant’s eligibility.
4. The application must be filled out COMPLETELY for processing to occur.

Please Keep This Part of the Application for Future Reference
Should You Need Information on the Following:

GENERAL PROVISIONS

The eligibility criteria are based on a person's need and ability to use regular mass transportation services and presumes a level of personal mobility and independence to the degree that use of mass transportation would be a reasonable expectation. Financial need is *not an allowable disability criteria*.

REGIONAL LOCATIONS

ID cards for people with disabilities are issued at designated regional locations BY APPOINTMENT ONLY. Call the Metro ID Card Office at (202) 962-1245 or (202) 628-8973 (TDD) for information about this service. Appointments are made only after disabled eligibility is established.

SCHOOLS AND GROUPS OF 5 OR MORE

Please contact the Metro ID Card Office at (202) 962-1245 or (202) 628-8973 (TDD) prior to your visit to prevent delays in processing for large groups. We will advise you as to the best day and time based on the size of your group. Groups of five or more *must schedule appointments in advance*. If a group arrives without an appointment, service may be declined with a schedule being made for a future time and date.

RENEWING YOUR ID CARD

If your disability is permanent, shortly before your ID card expires, bring it to the Metro ID Card Office and you will be issued a new card. If your disability is "long-term" or "temporary" but continues beyond the expiration date that appears on your ID card or, if your disability is permanent and your ID card has been expired for 30 days or more, you must apply for a new card by completing a new application and submitting it to the Metro ID Card Office. The new application must be certified by one of the health care professionals listed on the front page of this application.

REPLACING LOST ID CARDS

In the event you lose your ID card, you may obtain a replacement. A fee of \$5.00 is charged for the first replacement and \$10.00 for each subsequent replacement.

The Reduced Fare Disabled Patron ID Card must be kept in the possession of the qualifying disabled patron at all times while riding Metro. The Reduced Fare Disabled Patron ID Card must be presented when boarding Metrobus, purchasing reduced farecards for Metrorail, or on demand to Metro Transit Police Officers, Metrobus Operators, and Metrorail Station Managers. ID cards that are used in any other manner which is unlawful shall be confiscated.

■ *Reduced Fare Program for People with Disabilities*

PART A: APPLICANT INFORMATION AND RELEASE (MUST BE COMPLETE)

Name (Last, First, Middle Initial): <i>(Print or Type)</i>		Social Security Number	Date of Birth:
Street Address:	Apartment:	City, State, Zip:	
Phone: Day () Evening ()	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Previous/Current Disabled I.D. Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. In case of an emergency, is there someone in the local area who should be notified? Name: Address: Phone: () Relationship:			
2. How can we best communicate with you about program changes and training opportunities? Include special facilities such as TDD telephones.			
3. I hereby authorize the health care professional completing this application to release to the Washington Metropolitan Area Transit Authority information about my disability in order to verify my eligibility for a Disabled Patron ID Card.			
Signature of Applicant: _____		Date: _____	

PART B: MEDICAL CERTIFICATION (MUST BE COMPLETED ENTIRELY FOR PROCESSING TO OCCUR)

Part B is to be completed by a licensed/certified health care professional as described on Page 1. Information on this form will remain on file with the Washington Metropolitan Area Transit Authority and is not subject to public review.		
Health Care Professional's Name: <i>(Print or Type)</i>	License Number/State:	Phone: ()
Street Address:	Apartment:	City, State, Zip:
Check One: <input type="checkbox"/> Physician: _____ (specialty) <input type="checkbox"/> Podiatrist <input type="checkbox"/> Optometrist <input type="checkbox"/> Audiologist <input type="checkbox"/> School Psychologist		
1. From the Guidelines for Health Care Professionals on Page 4, select the appropriate category and provide <u>detailed information</u> regarding the applicant's disability. (Specific DSM <i>code</i> may be used for mental illness.) Guideline No: _____ Specific Diagnosis :		
2. Review the FTA Act definition on Page 1. Does the patient's condition affect his/her capability to use public transportation, i.e., does his/her disability <i>specifically impair</i> his/her ability to use the bus or subway? Financial need is not an allowable disability criteria. <input type="checkbox"/> No The patient's condition does not affect his/her ability to use public transportation. <input type="checkbox"/> Yes If yes, please describe how the disability impedes the patient's ability to use the bus or subway as compared to persons not so affected: Note: Failure to provide how this disability affects their capability to use regularly scheduled mass transit renders this application <i>incomplete</i>.		
3. Does the applicant require an attendant to utilize public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Expected Duration Of Disability: <input type="checkbox"/> Temporary: Short-term conditions lasting for at least 90 days but likely to improve within one year. Please check one: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 1 year <input type="checkbox"/> Long-Term: Conditions with potential for improvement or long periods of remission. <input type="checkbox"/> Permanent: Conditions with absolutely no expectation of improvement.		
Signature of Health Care Professional: _____		Date: _____

False certification may be reported to the licensing under District of Columbia Code Annotated, Section 2-3305.15, Code of Virginia 54.1-2915, or Maryland Health Occupations Code Annotated 14-404 or appropriate code for state of license/certification. WMATA 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 Program/Attendant Eligibility, and (3) have the applicant submit to an examination by a health care provider selected by WMATA at the cost to WMATA.

WMATA USE ONLY!	
Card No.	Exp. Date
Category	
Issued By	Issue Date

PART C: GUIDELINES FOR HEALTH CARE PROFESSIONALS

Below are listed qualifying definitions to be used in the evaluation of candidates for the WMATA Reduced Fare Program for Persons with Disabilities. Those conditions that are *in remission are excluded* from discount fare eligibility. Certifiers with questions concerning this program, please call 202/962-2568.

Persons whose mobility limitations are the result of pregnancy, obesity, alcoholic or illegal drug problems are *not eligible* for this program.

<p>1. NON-AMBULATORY: Impairments that require individuals to use a wheelchair or similar device for mobility.</p>	<p>10. INCOORDINATION : Faulty coordination or palsy from brain, spinal or peripheral nerve injury and any person with a functional nerve injury or illness; or functional motor deficit in any two limbs or who suffers manifestations which significantly reduce mobility, coordination and perceptiveness not accounted for in other categories. Diagnosis must be specific.</p>
<p>2. SEMI-AMBULATORY: Conditions that cause individuals to use a leg brace, walker or crutches to achieve mobility.</p>	<p>11. CEREBRAL PALSY—SEE # 10.</p>
<p>3. MUSCULO-SKELETAL CONDITIONS: Conditions such as muscular dystrophy, osteogenesis imperfecta or rheumatism restriction (<i>rheumatoid</i> arthritis)</p>	<p>12. INTRACTABLE EPILEPSY: Characterized by one or more of the following: tonic/clonic episodes, bizarre behavior, confusion, or loss of visual field, substantiated by EEG, and occurring more frequently than twice in the past month in spite of prescribed medication.</p>
<p>4. AMPUTATION: Persons who have amputation of (i.e., loss of major function due to degenerative changes associated with vascular or neurological deficits, traumatic loss of muscle mass or tendons and x-ray evidence of bony or fibrous ankylosis at an unfavorable angle, joint subluxation or instability):</p> <ul style="list-style-type: none"> a. Both hands; or b. One hand and one foot; or c. Amputation of lower extremity at or above the tarsal region (one or both legs). 	<p>13. INFANTILE AUTISM</p> <p>14. NEUROLOGICAL/MENTAL RETARDATION: A syndrome characterized by learning, perceptual and/or behavioral disorders. This includes persons with severe gait problems who are restricted in mobility. Patient’s condition must be a <i>significant</i> learning disability; diagnosis must be specific such as mental retardation. Some conditions are <i>excluded</i> from eligibility such as ADD and dyslexia. School psychologists can certify for neurological conditions but cannot certify any other categories.</p>
<p>5. CEREBROVASCULAR ACCIDENT (STROKE): With one of the following post four-month CVA:</p> <ul style="list-style-type: none"> a. Pseudobulbar palsy; or b. Functional motor deficit in any of two extremities. 	<p>15. EMOTIONAL ILLNESS: Individuals whose mental impairment substantially limits one or more of their major life activities resulting in limited ability to learn, work, or care for oneself. Specific diagnosis is required. The patient’s disability <i>must be chronic, severe and impede patient’s ability</i> to learn, work or care for him/herself.</p>
<p>6. PULMONARY: Dyspnea occurs during such activities as climbing one flight of stairs or walking 100 yards on the level or less exertion, or even at rest. Individual may require use of portable oxygen.</p>	<p>16. CHRONIC PROGRESSIVE DEBILITATING CONDITIONS (DIAGNOSIS MUST BE SPECIFIC): Individuals who experience chronic and progressive debilitating diseases that are characterized by constitutional symptoms such as fatigue, weakness, weight loss, pain and changes in mental status that, taken together, interfere in the activities of daily living and significantly impair mobility. Such disorders include:</p>
<p>7. CARDIAC: Cardiac disease resulting in marked limitation of physical activity. Less than anginal physical activity causes fatigue, palpitation, dyspnea, or anginal pain. For instance, inability to walk one or more level blocks or climbing one flight of ordinary stairs.</p>	<ul style="list-style-type: none"> a. Progressive and uncontrollable malignancies (i.e., terminal malignancies or neoplasms being treated with aggressive radiation or chemotherapy). b. Advanced connective tissue diseases (i.e., advanced stages of disseminated lupus erythematosus, scleroderma, or polyarteritis nodosa). c. <i>Symptomatic HIV infection</i> (i.e., AIDS or ARC) in CDC-defined Clinical Group IV, Subgroups A-E.
<p>8. SIGHT: Visual acuity in the better eye, after correction, is 20/200 or less; or visual field is contracted (commonly known as tunnel vision):</p> <ul style="list-style-type: none"> a. To 10 degrees or less from a point of fixation; or b. So the widest diameter subtends an angle no greater than 20 degrees. 	<p>17. MEDICARE RECIPIENTS: Just present your Medicare card and picture ID when riding Metrobus and to purchase discount farecards at sales offices/off-site locations for Metrorail.</p> <p>Social Security Award letters are not accepted as proof of eligibility for reduced fares.</p>
<p>9. HEARING (AUDIOGRAM IS REQUIRED): Defined as:</p> <ul style="list-style-type: none"> a. Deafness or hearing incapacity that makes an individual unable to communicate or hear warning signals, including only those persons whose hearing loss is 70 dba or greater in the 500, 1000, 2000 Hz. ranges (both ears) regardless of hearing aids. b. People who rely on sign interpreters or TDD machines and are unable to comprehend normal speech. 	