



Metro[®]

DISABILITY-BASED REDUCED FARE APPLICATION FOR METROBUS AND METROLINK

Instructions for Completion

In accordance with federal regulations, Metro offers a reduced fare program for people with disabilities and people age 65 or over to utilize MetroBus or MetroLink services. Persons with disabilities who require special facilities or special planning or design to utilize MetroBus and MetroLink are eligible for the reduced fare program. All persons age 65 or older are eligible for the reduced fare program.

Who is not eligible for a Reduced Fare Permit?

- People with disabilities who do not require accessibility features to use public transportation.
- People whose limitations are solely based on pregnancy, obesity, dependency on alcohol or illegal substances, contagious diseases, or controlled epilepsy.
- People whose conditions are in remission.

How do I apply for a Reduced Fare Permit?

- **Complete Part I of the application.**
- **Provide proof of identity such as a passport, State ID or Driver's license**
- **Provide verification of your disability (One of the following):**
 - Copy of your Valid Medicare Card or
 - Recent copy of your Social Security Disability (SSD) benefits verification letter or
 - Recent copy of your Supplemental Security Income (SSI) benefits verification letter or
 - Copy of your VA disability documentation that shows **100%** disability status or
 - Part II of this application completed by a professional who is familiar with your disability
- **Include a recent color photo (note: we cannot accept Driver's License or State ID photos)**

- **Mail your application and materials to:**

Metro - ADA Services
One Metropolitan Square
211 N. Broadway, Suite 700
St. Louis, MO 63102

- **Website Upload:**

MetroStLouis.org/ADAUpload

THIS ADDRESS IS FOR MAIL DELIVERY ONLY! PLEASE CALL (314) 982-1510 FOR ON SITE SERVICES.

What if I lose my Reduced Fare Permit?

- If you lose your valid Metro Reduced Fare Permit, you may obtain a replacement.
- A fee of \$3.00 is charged. Please call us to make arrangements.

When will I receive my Reduced Fare Permit?

- After receiving your completed application, along with the required certification, please allow 10 days for processing.

How do I renew my Reduced Fare Permit?

- You will need to complete the application form and include your proof of identity, proof of disability, and a color photo.

If you have any questions or concerns, please contact us at 314-982-1510 (voice). For TTY Relay Service, please call 711. We are open Monday - Friday 8:00 a.m. – 4:30 p.m. and we are closed select holidays.

For Office Use Only:

I.D. Card # _____

Issued: _____



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DISABILITY-BASED REDUCED FARE APPLICATION

PART I: Applicant (Please print or type.)

NAME:

(LAST, FIRST, MIDDLE INITIAL)

ADDRESS:

(NUMBER, NAME, APARTMENT NUMBER)

CITY: _____ STATE: _____ ZIP: _____

GENDER: Male Female Non-Binary BIRTHDATE: ____/____/____

PHONE: (____) _____ - _____ SSN #: _____ -- ____ -- ____

PREVIOUS CARD NUMBER _____ EXPIRES/ED ____/____/____

REASON FOR APPLICATION

____ I receive Social Security Disability

____ I receive Supplemental Security Income

____ I receive VA Disability (100%)

____ I am a Medicare Recipient

____ Other: **have a professional familiar with your disability complete**

Part II of the application.

I certify that I am disabled. The information contained on this application is accurate. I understand that Metro may request additional verification and I hereby authorize the professional listed on this application to release as necessary information to Metro regarding my condition for the purpose of determining my eligibility for this program.

Signature of Applicant

Date

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REDUCED FARE APPLICATION-PROFESSIONAL VERIFICATION
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Applicant Name _____

Applicant Social Security Number _____

PART II: Professional Verification of Disability

Please note: This section, Part II, is ONLY necessary if you are under 65 years of age AND you do not receive SSD, SSI, VA Disability (100%), or Medicare.

A. Please provide Complete DSM or ICD Code(s): _____

Diagnosis Name(s): _____

Expected Duration (if temporary): _____ months

B. Please check applicable condition:

- The individual has any condition requiring the use of crutches, wheelchair, walker, leg or foot braces, or other such devices in order to be mobile.
- The individual has a missing limb or critical part thereof; use of prosthetic devices.
- The individual has substantial functional motor deficits in any two extremities, loss of balance, and/or cognitive impairments 3 or more months post CVA.
- The individual is legally blind (acuity is 20/200 or worse with best correction and/or visual field is 20 degrees or less in the better eye).
- The individual is hearing impaired with hearing loss 70 dba or greater in the 500,1000, 2000 KHz ranges in both ears, regardless of the use of hearing aids or has speech discrimination scores of 40% or less in each ear, regardless of the use of hearing aids.
- The individual has a physiological condition that substantially limits coordination, strength, or endurance such as polio, cerebral palsy, multiple sclerosis, muscular dystrophy, or paralysis.
- The individual has had at least one tonic-clonic seizure within the past six months, despite taking prescribed medication.
- The individual is restricted by lung disease to such an extent that the person's forced respiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/Hg on room air at rest; and/or the individual uses portable oxygen.
- The person has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association.
- The individual has a developmental disability, which substantially limits two or more major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working.
- The individual has a chronic, long-term mental illness, and includes a substantial disorder of thought, perception, orientation, or memory that impairs judgment and behavior. A specific diagnosis is required.
- The person has a temporary disability affecting mobility, lasting at least three (3) months but no more than twelve (12) months.

--OVER--

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C. Check one or more of the accessibility features below that **MUST BE PRESENT** in order for the applicant to use public transportation.

- | | |
|---|--|
| <input type="checkbox"/> MetroBus and MetroLink Travel Training | <input type="checkbox"/> Bumpy domes –MetroLink platform edge warning system |
| <input type="checkbox"/> Priority seating on MetroBus and MetroLink | <input type="checkbox"/> Elevator or ramp to MetroLink platform |
| <input type="checkbox"/> Stop announcements on MetroBus and MetroLink | <input type="checkbox"/> Accessible Ticket Vending Machines |
| <input type="checkbox"/> Visual information display systems | <input type="checkbox"/> Bus lift or ramp |
| <input type="checkbox"/> Braille or large print information | <input type="checkbox"/> Bus wheelchair securement system |
| <input type="checkbox"/> Accessible (disabled) parking space at Park and Ride Lot | <input type="checkbox"/> Other: Please specify _____ |
| | <input type="checkbox"/> None required |

Your professional area of specialization is, check one:

- | | |
|--|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Registered Nurse/Licensed Practical Nurse |
| <input type="checkbox"/> Rehabilitation Specialist | <input type="checkbox"/> Physical/Occupational/Speech Therapist |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Independent Living Specialist |
| <input type="checkbox"/> Optometrist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other: _____ |

Your Name/Title: _____

Agency/Company Name: _____

Professional License # (if applicable): _____

Office Address: _____

Office Phone #: (_____) _____ -- _____ Fax: (_____) _____ -- _____

I hereby certify that the above information is true. Metro (1) may verify the validity of the professional providing the certification, (2) make the final determination on an applicant's eligibility for the Reduced Fare Program.

Signature

Date

MAIL THE COMPLETED APPLICATION WITH PROOF OF DISABILITY AND A COPY OF YOUR PROOF OF IDENTITY AND A RECENT COLOR PHOTO TO:
METRO
ADA SERVICES
211 N. BROADWAY, SUITE 700
ST. LOUIS, MO 63102
(314) 982-1510
OR UPLOAD YOUR FORMS/DOCUMENTS HERE: <https://externalapps.metrostlouis.org/ADAFileUpload/>

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