



REDUCED FARE APPLICATION BASED ON DISABILITY

FOR EMBARK INTERNAL USE	
Received by:	_____
Date Received:	_____

Discounted fares on local transit services are available to those who qualify based on age or disability. If you ARE NOT applying based on disability, please complete the one-page 'based on age' application. Approval for reduced fare based on a disability requires a medical certification. Once approved, you may obtain an EMBARK ID Card and you will receive a 50% discount on single trip fares and passes.

1. You should **ONLY** complete page one of this application
2. Take the entire application packet to a licensed medical professional familiar with your condition to complete the remaining pages
3. Return the entire form to the Downtown Transit Center, fax to 405-316-2372, or send by postal mail to:
 Reduced Fare Program, 2000 South May Avenue, Oklahoma City, Oklahoma 73108
4. Receive an approval letter
5. Take your approval letter and your valid photo ID to the Downtown Transit Center and obtain an EMBARK ID card

FIRST NAME		FULL MIDDLE NAME	LAST NAME
STREET ADDRESS (PO Boxes Are Not Acceptable)			
APARTMENT NUMBER		CITY	ZIP CODE
DATE OF BIRTH	SEX	EMAIL	
PRIMARY PHONE NUMBER		ALTERNATE PHONE NUMBER	

Describe your medical condition or disability and explain how it influences your ability to use regular transit services.

Applicant Signature: _____ Date: _____

ELIGIBILITY GUIDELINES

A person can qualify for EMBARK's Reduced Fare benefits based on age, with a valid Medicare ID card or a VA Service Connect card, they are eligible for EMBARK Plus, or based on a qualifying disability. **The following conditions are NOT a basis for Reduced Fare benefits:** pregnancy, contagious diseases, economic need, drug, or alcohol rehabilitation, or any acute or chronic condition due to drug or alcohol abuse.

CERTIFICATION

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

- A licensed physician or osteopath may certify in their normal practice area
- A licensed podiatrist can certify ONLY for Category A listed below
- A licensed optometrist or an orientation and mobility specialist can certify ONLY for Category C listed below
- A licensed audiologist or a licensed otolaryngologist MUST complete the certification if applying based on Category D listed below
- A certified school psychologist can certify for those applicants who are under the age of 21, and ONLY for Category H listed below
- A licensed mental health medical professional can ONLY certify for mental or psychological impairments based on Category H listed below

CONDITION CATEGORIES

- A. Condition requiring the use of a walker, wheelchair, crutches, brace, or other mobility aid
- B. One or more missing limbs or critical parts thereof, or an anatomical deformity of hand or foot
- C. 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
- D. Average hearing loss of 90 dbs. or greater in the 500, 1000, and 2000 Hz. ranges
- E. Cardiovascular or respiratory condition which significantly interferes with coordination, endurance, or strength
- F. Neurological condition which significantly interferes with coordination, strength, or endurance (i.e., polio, cerebral palsy, multiple sclerosis, paralysis, etc.)
- G. Musculoskeletal condition which significantly impairs motor skills, (i.e., muscular dystrophy, severe rheumatism, or arthritis, etc.)
- H. Learning disability, mental retardation, or mental or psychological impairment that results in a reduced capacity to perform actions necessary to use the regular bus service without training
- I. Dialysis treatment, epilepsy, or HIV/AIDS

MEDICAL VERIFICATION

The 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 page 2 for information on accepted signatures, eligibility requirements, and exclusions.

The applicant identified on page one of this packet is applying for EMBARK's Reduced Fare Program which provides reduced transit fares for individuals with a temporary or permanent physical or mental disability. To help us determine the applicant's eligibility, please provide the information requested below.

INCOMPLETE, ILLEGIBLE APPLICATIONS WILL BE RETURNED AND WILL DELAY PROCESSING
ALL BLANKS AND QUESTIONS MUST BE COMPLETED

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:

- | | |
|--|---|
| <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 | <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 resulting 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 |
|--|---|

Are the item(s) checked above PERMANENT? _____ If no, list expected duration: _____

Briefly describe applicant's disability and how it influences his/her functional abilities.

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 disability 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 ALL pages)*