



Reduced Fare Program
ADVANTAGE

Please read the enclosed application carefully. The information you submit will be used to determine if you are eligible to receive a Reduced Fare ID card. There is no cost for the initial ID card; however there is a replacement fee. The card is renewed every three years by a new application.

Instructions:

1. Please **Print clearly** and fill out Part 1 and 2 of the application that applies to you.
2. Have your **Health Care Professional** complete and sign Part 3 of the application.
3. Return the completed application to:
Reduced Fare Program
Lost & Found
455 N. Garland Avenue
Orlando, FL 32801

If you have any questions regarding this program feel free to call us at:
(407)841-5969, Option 1.

Pictures are taken:
Monday – Friday
8:30 a.m. – 4:30 a.m.
3rd Saturday of the Month
9 a.m. – 1 p.m.

Reduced Fare Program Application
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<u>For Office Use Only</u>	
File Number	_____
Issued Date	_____
Expiration Date	_____

PART 1
APPLICANT STATEMENT

LAST NAME: _____ FIRST: _____

STREET ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

BIRTH DATE: ____/____/____ Phone: _____

Please answer the following questions:

- | | |
|--|--------------------|
| Do you have a Medicare card? | Yes _____ No _____ |
| Do you receive a monthly SSI Benefits for a disability? | Yes _____ No _____ |
| Do you receive Disabled Veteran Benefits ? | Yes _____ No _____ |
| Are you an ACCESS LYNX rider? | Yes _____ No _____ |

(If you answer yes to any of the above questions please bring proof and do not complete Part 2 or 3.)

MENTALLY DISABLED

1. Are you mentally disabled? Yes _____ No _____

VERIFICATION OF ELIGIBILITY FORM (PART 3) MUST BE COMPLETED BY A HEALTH CARE PROFESSIONAL.

PHYSICALLY DISABLED

1. Are you physically disabled? Yes _____ No _____
2. Are you able to board a vehicle without assistance? Yes _____ No _____
3. Are you able to use the bus system for the general public? Yes _____ No _____

VERIFICATION OF ELIGIBILITY FORM (PART 3) MUST BE COMPLETED BY A HEALTH CARE PROFESSIONAL.

I certify that the above information is true and correct. I understand that if this application is approved, I will be eligible, to ride LYNX buses for the reduced fare. I must show my LYNX ID when boarding or paying a fare, otherwise I will be required to pay full fare.

Signature

Date

PART 3
VERIFICATION OF ELIGIBILITY

Applicant's Name: _____

The information you provide must be based solely upon the applicant having an actual physical or cognitive limitation.

MENTALLY DISABLED

Is the applicant mentally disabled? Yes _____ No _____

If yes please check the level of cognitive impairment.

Mild _____ Moderate _____ Profound _____ Severe _____

Diagnosis/Explanation: _____

PHYSICALLY DISABLED

Is the applicant physically disabled? Yes _____ No _____

If yes please describe the nature of the applicants' physical disability.

Diagnosis/Explanation: _____

PROFESSIONAL CERTIFICATION

I certify that the above named person has a physical or mental disability which makes it more difficult for him or her to use the public bus system and is thus deserving of a reduced fare identification card.

Signature _____ Date _____

Professional License Number: _____ State Issued: _____

Print Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Ext. #: _____ Contact Person: _____