



CitiBus Half-Fare ID Card Application

WHAT IS THE CitiBus HALF-FARE PROGRAM?

CitiBus Half-Fare Program provides discounted bus fares for eligible individuals.

WHO IS ELIGIBLE?

1. An eligible person is one who meets the Federal Transit Administration's (FTA is a department of the United States Department of Transportation) definition of disabled, which is, "disabled persons mean any individual who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary disability, are unable, without special facilities or special planning or design, to utilize mass transportation and services as effectively as persons who are not so affected"; or
2. Persons who present a Medicare card; or
3. Persons who are 65 years of age or older.

ARE THERE DIFFERENT LEVELS OF ELIGIBILITY?

Eligibility can either be permanent or temporary.

- A. **Permanent** means any impairment that is expected to last a lifetime that impairs an individual's ability to ride the bus.
- B. **Temporary** means any impairment that is expected to last for a period of not less than three months and not more than twelve months.

HOW DO I OBTAIN A CITY OF WATERTOWN HALF-FARE ID CARD?

Call the CitiBus Administration Office at 315-785-7772 between the hours of 7:00 a.m. and 3:00 p.m. Monday through Friday to make an appointment.

Upon review and approval of completed application, a picture of applicant will be taken, and a City of Watertown Transit Half-Fare photo identification card will be issued. No charge will be made for the original card; replacements for lost or stolen cards will cost five dollars (\$5.00).

DO NOT MAIL OR FAX APPLICATION
MUST BE RETURNED TO THE CitiBus Administration Office IN-PERSON BY APPLICANT
Call 315-785-7772 to schedule an appointment.



Part 1 – Applicant Information

Please complete in full:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthdate: _____

Emergency Contact Person: _____

Relationship to Applicant: _____

Emergency Phone Number: _____

I am applying for a City of Watertown Transit Half-Fare I.D. Card on the following basis:

(Please check only one; Photo I.D. Required)

- ☐ I am providing proof of eligibility and am receiving Social Security Disability Benefits or Supplemental Security Income Benefits due to disability.
- ☐ I am 65 years of age or older.
- ☐ I am presenting a valid Medicare card issued by the Social Security Administration.
- ☐ I am medically disabled as certified in the attached Part 2-Health Care Professional Verification form by a Physician, Psychiatrist, Psychologist (Ph.D.), Audiologist, or other qualified professional licensed in the State of New York. The City of Watertown Transit System reserves the right to contact your Health Care Provider for verification.

Applicant's Signature: _____

Date: _____

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DEFINITIONS OF DISABILITIES

Indicate the disability that keeps this applicant from using City of Watertown Transit buses as effectively as someone without such limitations:

1. ☐ Wheelchair/Non-Ambulatory: requires use of wheelchair or three-wheeler for transportation that prevents independent mobility.
2. ☐ Restricted Mobility/Semi-Ambulatory: causes difficulty walking and requiring use of mobility aid (such as a cane or walker) and prevents independent mobility.
3. ☐ Arthritis: causes a functional motor defect in any two major limbs and prevents independent mobility.
4. ☐ Loss of Extremities: with loss of major function that prevents independent mobility.
5. ☐ Head injury: with functional motor defect that prevents independent mobility.
6. ☐ Respiratory Impairment (dyspnea): occurs during activities such as climbing one flight of stairs, walking 200 yards on the level, or less exertion, or even at rest.
7. ☐ Cardiac Disease: results in marked limitation of physical activity.
8. ☐ Disorders of the Spine: fractures with motor and sensory loss, osteoporosis with pain and limitation of movement, that prevents independent mobility.
9. ☐ Nerve Root Compression Syndrome: with pain and motion limitation in back of neck that prevents independent mobility.
10. ☐ Motor Impairment: due to faulty coordination or palsy from brain, spinal, or peripheral nerve injury that prevents independent mobility.
11. ☐ Visual Impairment: that prevents independent mobility.
12. ☐ Hearing Impairment: that prevents independent mobility.
13. ☐ Development Disabilities: that prevents independent mobility.
14. ☐ Autism: that prevents independent mobility.
15. ☐ Neurological Impairment: caused by cerebral palsy, muscular dystrophy, multiple sclerosis, seizure disorder, or other neurological impairments not controlled by medication, and prevents independent mobility.
16. ☐ Mental Impairment: to the degree that independent mobility is prevented.
17. ☐ Other: _____

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Part 2 – Health Care Professional Verification

TO BE COMPLETED BY THE CERTIFYING AGENT:

(This section *must* be completed by a licensed professional for all applicants who are disabled)

Applicant Release

I authorize _____ to complete this application and verify my disability to City of Watertown Transit.

Name: _____ Birth date: _____

Signature: _____ Today's Date: _____



Licensed Professional Certification

We are aware that your patient may have a disability; however, their disability is not an automatic qualifying factor for approval of a City of Watertown Transit half-Fare ID Card (card entitles disabled passengers to receive reduced fare privileges). We are depending on you as a professional to review the Federal Transit Administration's eligibility criteria (as outlined on pages 2-4) and determine if your patient is eligible for this program based on the criteria listed.

Please answer the following questions accordingly:

I certify that _____, can be defined as disabled
(Print Name of Applicant)

according to the Federal Transit Administration's definition of disabled (as noted on page 1).

I have marked the appropriate section(s) on Page 3 and believe this applicant should be certified _____ eligible.
(either *Temporarily/Permanently)

*Length of temporary disability is estimated to be _____
(Numbers of Months)

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Part 2 – Health Care Professional Verification - *Continued*

COMMENTS regarding applicant's disability:

Certifying Agent/Physician Name: _____

Agency Name & Address/Physician's Address: _____

Agency Phone Number/Physician's Phone Number: _____

Are you a licensed Physician?

☐ YES

☐ NO

License # / Appropriate Credentialing:

Signature of Certifying Agent/Physician

Date

**For more information, call City of Watertown Transit Customer Service at 315- 785-7772
Spanish translations can be requested.**

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