



## Reduced Fare ID Card Program

**Senior citizens age 65 and older, Medicare recipients must call the Capital Metro Transit Store at (512) 389-7475 or visit our website**

**<http://www.capmetro.org/RFID/> for specific information on how and where to obtain a Capital Metro Reduced Fare ID Card.**

### ***WHAT IS THE REDUCED FARE ID CARD PROGRAM?***

The Reduced Fare ID Card program allows persons with **physical or mental disabilities (either permanent or temporary) to ride for a reduced fare, if, due to the disability, you are unable to use Capital Metro's regular fixed route transit services as efficiently as non-disabled persons.**

### ***HOW TO APPLY:***

A Reduced Fare ID Card application may be obtained by visiting the Capital Metro Transit Store located at 209 W. 9<sup>th</sup> Street, downloading the application from our website <http://www.capmetro.org/RFID/>, or calling (512) 389-7475 and requesting an application by mail. The applicant or caregiver must complete and sign the applicant portion of the form. A physician, physical therapist or psychiatrist must complete and sign the medical verification portion of the application.

The application must be returned to the Capital Metro Transit Store no later than 30 days from the date on which the medical verification was completed. Certification for this program will be delayed and/or denied if applications are incomplete or if returned more than 30 days from the date the medical verification was completed.

There is a minimum 3 day processing period from the time the Transit Store receives an application to the time the Reduced Fare ID Card can be issued. Applicants will be required to return to the Transit Store after the processing period with a valid government-issued ID, Texas photo ID or Texas drivers' license in order to receive their Reduced Fare ID Card.

### ***TEMPORARY REDUCED FARE ID CARD CERTIFICATION:***

Individuals with a temporary disability may be eligible for Reduced Fare ID if the disability will last less than three (3) months. A temporary Reduced Fare ID Card may be renewed once during a one (1) year period (a total of 6 months maximum), and the card will not be valid after that time has expired. In order to renew a temporary Reduced Fare ID Card, a new application must be completed and submitted. The cost of renewing a temporary Reduced Fare ID Card is three dollars (\$3).



### **ADDITIONAL INFORMATION:**

All charges and fees related to the Reduced Fare ID Card must be paid upon receipt of the card.

- ✓ *Only cash, credit cards, or money orders will be accepted as payment.*
- ✓ *Reduced Fare ID Cards cost \$3, and the replacement cost for a lost, stolen, or damaged card is: \$3 for the first two replacements and \$6 for the third and all future replacements.*

### **WHAT NEXT:**

Return the completed Reduced Fare ID card application to the Capital Metro Transit Store in person, by mail, or by fax to (512) 369-6072.

#### **Mailing Address:**

Capital Metro - Transit Store  
Reduced Fare ID Card Program  
2910 East 5<sup>th</sup> St.  
Austin, TX 78702

#### **Physical Location:**

Capital Metro – Transit Store  
209 West 9<sup>th</sup> Street  
Austin, TX 78701

## **REDUCED FARE ID CARD PROGRAM GUIDELINES**

### **WHAT DOES IT COST TO RIDE?**

With a Reduced Fare ID Cards, persons with disabilities may ride MetroBus, MetroExpress, or MetroRail for a reduced fare. These fare benefits apply to regularly scheduled Capital Metro transit service and do not include MetroAccess (paratransit), vanpools or special event service. The cost of a Reduced Fare ID Card is \$3. The replacement cost for a lost, stolen, or damaged Reduced Fare ID Card is: \$3 for the first two replacements and \$6 for the third and all future replacements.

### **HOW DO I USE THE REDUCED FARE ID CARD?**

Tap the Reduced Fare ID Card on the target located on the farebox when boarding a bus. The farebox will read the card and verify that you can ride for reduced fare. Deposit \$.50 for a one-way ride fare, tell the bus driver that you wish to purchase a reduced fare day pass, or scan a previously purchased pass. Bus operators are authorized to ask to see your Reduced Fare ID Card when you board the bus. **If the farebox indicates your Reduced Fare ID Card is invalid, you will be required to pay a full fare or exit the vehicle.** The Operator **cannot** override an invalid Reduced Fare ID Card. Any questions to the validity of your card must be directed to the Capital Metro Transit Store located at 209 W. 9<sup>th</sup> Street.



## **WHAT SHOULD I KNOW?**

The Reduced Fare ID Card has an embedded microchip (smart card). The only information programmed into the Reduced Fare ID Card is the date the card was issued, expiration date, and serial number of the card. The information printed on the card is your name, date of issue, the card serial number and your picture. Social Security numbers are not printed on Reduced Fare ID Cards. The Smart Card is made of rigid PVC, much like a credit card. The card should not be folded, bent, or exposed to excessive heat (clothes dryer, hair dryer, etc.). It is important to take care of your card.

If the card becomes damaged due to abuse, you will be expected to pay full fare until the card is replaced.

- All lost, stolen or damaged Reduced Fare ID Cards are immediately rendered electronically invalid and will be rejected by the farebox. If you board a bus with an invalid Reduced Fare ID Card, you will be required to pay full fare or exit the vehicle.
- A Reduced Fare ID Card is to be used only by the person to whom it is issued and whose name appears on the card. Cards used by a person other than the legal card holder will be confiscated, and can result in revocation of eligibility for this program.

### **Mailing Address:**

Capital Metro - Transit Store  
Reduced Fare ID Card Program  
2910 East 5<sup>th</sup> St.  
Austin, TX 78702

### **Physical Location:**

Capital Metro – Transit Store  
209 W. 9<sup>th</sup> Street  
Austin, TX 78701  
(Lavaca & 9<sup>th</sup> Street)

Fax: (512) 369-6072

► Reduced Fare ID Cards are issued Monday to Friday - **8:30 a.m. to 4:30 p.m.** ◀

**If you have additional questions about the Reduced Fare ID Card program, please call or visit us:**

Capital Metro's Transit Store at 389-7475 between the hours of 7:30 a.m. and 5:30 p.m.

Capital Metro's Customer Service at 474-1200 weekdays between the hours of 7 a.m. and 8 p.m., and weekends 8 a.m. and 5 p.m.

## **ELIGIBILITY:**

- ❖ **DEFINITION OF A HEALTH CARE PROFESSIONAL:** A health care professional statement to verify your qualifying condition is required.

(THIS CAN BE A LICENSED PHYSICIAN, PSYCHIATRIST, OR CERTIFIED PHYSICAL THERAPIST).

One of the following health care professionals may certify your eligibility for a Reduced Fare ID Card.

- A licensed physician can certify in his/her area of normal practice.
- A licensed osteopath can certify in his/her area of normal practice.
- A licensed podiatrist can certify for Guideline **(A)**, Semi-Ambulatory.
- A licensed optometrist can certify for Guideline **(D)**, Blind or Low Vision.
- A licensed audiologist or a licensed otolaryngologist must certify for Guideline **(E)**, Deaf or Hard of Hearing
  - A certified school psychologist can certify for those applicants who are under the age of 21, and for Guideline **(I)** only, Developmental or Learning Disabilities.

**A person is eligible for the Reduced Fare ID Card benefits if because of physical or mental disability (either permanent or temporary) he/she is unable to use Capital Metro's regular transit services as efficiently as a non-disabled person.**

- ❖ **Eligibility categories include the following:**

- A.** Condition requiring the use of a walker, wheelchair, crutches, leg or foot braces or other mobility aids.
- B.** One or more missing limbs or critical parts thereof.
- C.** Anatomical deformity of hand or foot.

(continued on next page)

- D. 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.
- E. Average hearing loss of 90 dbs. or greater in the 500, 1000, and 2000 Hz. ranges.
- F. Cardiovascular or respiratory condition which significantly interferes with coordination, endurance or strength.
- G. Neurological condition which significantly interferes with coordination, strength, or endurance (i.e., polio, cerebral palsy, multiple sclerosis, paralysis, etc.)
- H. Musculo-skeletal condition which significantly impairs motor skills, (i.e., muscular dystrophy, severe rheumatism or arthritis, etc.).
- I. Learning disability, mental retardation, or mental or psychological impairment, **if this results in a reduced capacity to perform actions necessary for use of Capital Metro's regular fixed route services without receiving special training.**
- J. Dialysis treatment
- K. Epilepsy
- L. HIV / AIDS

***EXCLUSIONS:***

The following conditions **WILL NOT** establish eligibility for a Reduced Fare ID card:

- a) **Pregnancy**
- b) **Any acute or chronic condition due to drugs or alcohol**
- c) **Contagious diseases**
- d) **Drug & Alcohol Rehabilitation**
- e) **Economic need**



## APPLICATION FOR REDUCED FARE ID CARD

Senior citizens 65 years of age or older, Medicare recipients **DO NOT** need to complete this application to receive a Reduced Fare ID Card. Please call the Capital Metro Transit Store at (512) 389-7475 or visit our website at: <http://www.capmetro.org/RFID/> for specific information on how and where to obtain your Capital Metro Reduced Fare ID Card.

Persons may be eligible for a Reduced Fare ID Card, if due to a permanent or temporary physical or mental disability(s) they are unable to use Capital Metro's regular transit route services as efficiently as a non-disabled person.

The cost for a Reduced Fare ID Card is **\$3**. The replacement cost for a lost, stolen, or damaged card is: **\$3** for the first two replacements and **\$6** for the third and all future replacements. Payment can be made by cash, check, or money order. *(No personal checks accepted).*

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### TO BE COMPLETED BY APPLICANT:

*(PLEASE PRINT OR TYPE IN BLUE OR BLACK INK)*

#### 1. APPLICANT NAME:

*(WE MUST HAVE YOUR FULL NAME, AN INITIAL IS NOT ACCEPTABLE)*

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FIRST

MIDDLE OR MAIDEN

LAST

#### 2. ADDRESS:

*(POST OFFICE BOX IS NOT VALID)*

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STREET ADDRESS

APT#

---

CITY

STATE

ZIP

PHONE NUMBER: (      ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_



**TO BE COMPLETED BY APPLICANT:**  
(PLEASE PRINT OR TYPE IN BLUE OR BLACK INK)

SEX:  M or  F (CHECK ONE)

E-MAIL: \_\_\_\_\_

**3. Describe your medical condition or impairment:**

\_\_\_\_\_  
\_\_\_\_\_

**4. Explain how this condition/impairment reduces your ability to use regular transit services as efficiently as a non- disabled person:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- You must present a valid identification at the time your card is issued.

**AUTHORIZATION AND AGREEMENT:**

I agree that the information I have provided is true, accurate, and correct to the best of my knowledge. I authorize the release of diagnostic and function information to Capital Metro as requested for the sole purpose of making a determination regarding my eligibility for a Reduced Fare ID Card. I understand that all personal and medical information will be kept confidential. If approved, I agree to follow the rules and guidelines established by Capital Metro. I understand that if I am approved for the Reduced Fare ID Card program, and if I abuse or misrepresent the benefits of the Reduced Fare Card in any way, my card may be confiscated and my eligibility terminated.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Return the completed application within 30 days of medical certification to:

**BY MAIL:**

Capital Metro Transit Store  
Reduced Fare Program  
2910 East 5<sup>th</sup> Street  
Austin, TX 78702

**IN PERSON:**

Capital Metro Transit Store  
209 West 9<sup>th</sup> Street  
Austin, TX 78701  
(9<sup>th</sup> Street & Lavaca)

**BY FAX:**

Attn: Transit Store  
(512) 369-6072



## MEDICAL VERIFICATION

**PLEASE NOTE:** The Medical Verification section of this application must be completed by a medical professional who is familiar with the applicant's current medical condition. This can be a licensed physician, psychiatrist, or certified physical therapist. (See page 4-5 'ELIGIBILITY' for further information on accepted signatures and eligibility requirements and exclusions for the Reduced Fare ID Card.)

The applicant identified here is applying for a Reduced Fare ID Card which provides reduced transit fares for persons who due to physical or mental disability(s), either temporary or permanent, are unable to use Capital Metro's regular transit route services as efficiently as a non-disabled person. To help us determine the applicant's eligibility, please provide the information requested below.

**INCOMPLETE, ILLEGIBLE APPLICATIONS WILL BE RETURNED AND WILL DELAY PROCESSING.**

*(PLEASE PRINT OR TYPE IN BLUE OR BLACK INK)*

**5. APPLICANT'S NAME:**

\_\_\_\_\_

FIRST

\_\_\_\_\_

MIDDLE

\_\_\_\_\_

LAST

**6. CIRCLE THE APPLICABLE ELIGIBILITY CATEGORY: (REQUIRED)**

*(See pages 4-5 'Eligibility' for explanation of categories)*

A B C D E F G H I J K L M N

**7. DISABILITY OR CONDITION IS: (CHECK ONE)**

Permanent: \_\_\_\_\_  
(2 years)

Temporary: \_\_\_\_\_  
(3 months – one renewal allowed)

**8. Describe disability briefly: (REQUIRED)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Specifically describe how the clients disability affect the applicant ability to use Capital Metro's regular transit route services as efficiently as a non-disabled person? (REQUIRED)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## 10. PHYSICIAN / MEDICAL PROFESSIONAL CERTIFICATION:

I certify that the information I have provided in this application is a fair representation of this applicant's medical impairment or condition 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 a Capital Metro Reduced Fare ID Card. I also agree that Capital Metro may contact me for clarification of any information I have provided and that I will reply in good faith.

(PLEASE PRINT OR TYPE IN BLUE OR BLACK INK)

\_\_\_\_\_  
*Physician's/Medical Professional's full Name:*

\_\_\_\_\_  
*Institution/Facility/Agency Name:*

*Mailing Address:* \_\_\_\_\_ *Ste:* \_\_\_\_\_

*City:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

*License Number:* \_\_\_\_\_ *Telephone #:* (\_\_\_\_\_) \_\_\_\_\_

*Fax #:* (\_\_\_\_\_) \_\_\_\_\_

*Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

False medical certification of a disability may lead to being disqualified from participating in Capital Metro's Reduced Fare ID Card program; Capital Metropolitan Transportation 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.

Capital Metro Transit Store  
**209 W. 9<sup>th</sup> Street**  
**Austin, TX 78701**  
(9<sup>th</sup> Street & Lavaca)  
Phone: (512) 389-7454  
Fax: (512) 369-6072

**CMTA USE ONLY!**

Card No: \_\_\_\_\_ Exp: \_\_\_\_\_

Issued by: \_\_\_\_\_ Issued Date: \_\_\_\_\_