

REDUCED FARE PROGRAM APPLICATION INSTRUCTIONS

Notice of confidentiality: the information provided by applicants is used by Valley Metro® solely for determining eligibility for reduced fare and is not shared with any other person or agency.

PERSONS WITH A DISABILITY (ADULTS UNDER 65 YEARS OF AGE)

If you have proof you qualify for Social Security Disability Income (SSDI), Supplemental Security Income (SSI) or a disability under the Department of Veteran Affairs (VA; 30% or higher):

- **Online:** Visit valleymetrofares.org to apply.
- **Paper:** Only fill out **SECTION 1** and **SECTION 2** located on page 3 and provide a copy of your qualifying letter from one of the agencies above. Turn in your application to a Valley Metro photo ID site listed on page 2.

All SSDI, SSI and disabled veterans in-person applications will be processed at the time they are submitted.

YOUTH, SENIORS (65 YEARS OF AGE OR OLDER) OR MEDICARE CARD HOLDERS

Youth, seniors 65 and older or Medicare card holders can apply for reduced fare using one of the following methods:

- **Online:** Visit valleymetrofares.org to apply.
 - For youth under 18, parental consent form is required (see page 8).
- **Paper:** Only fill out **SECTION 1** and **SECTION 2** located on page 3 and turn in your application to a Valley Metro photo ID site. Photo ID sites are listed on page 2.
 - For youth under 18, parental consent form is required (see page 8).

The following identifications are accepted:

Youth (Ages 6 through 18) must provide one of the following:

- Government-issued ID
- Student ID with photo or proof of school enrollment (must be current school year)
 - If identification document provided does not include birthdate, proof of birthdate must be submitted. Without birthdate, eligibility will only be granted for current school year.
- Birth certificate

Senior (Ages 65 and older) must provide Government-issued ID.

Medicare card holder must provide their Medicare card (colored red, white and blue) and photo ID.

All youth, senior and Medicare card holder in-person applications will be processed at the time they are submitted.



PERSONS WITH A DISABILITY (ADULTS UNDER 65 YEARS OF AGE) WITHOUT PROOF

If you **do not** have proof you qualify for Social Security Disability Income (SSDI), Supplemental Security Income (SSI) or a disability under the Department of Veteran Affairs (VA):

- Fill out **SECTION 1** and **SECTION 2**.
- Have an accepted healthcare professional or a certified agency complete **SECTION 3** and **SECTION 4**. See **SECTION 3** for a list of accepted healthcare professionals.
- The accepted healthcare professional or certified agency must sign **SECTION 5** of the application and attach one of the following to verify the disability:
 - Medical paperwork or a signed prescription slip that verifies the disability listed on the application.
 - A formal letter from the accepted healthcare professional or certified agency that verifies the disability on the application. This letter must be an original and signed by the healthcare professional or certified agency listed in **SECTION 3** of the application. This letter cannot be older than 30 days.
- For persons with a disability, reduced fare applications will only be accepted at:
Valley Metro Mobility Center, 4600 E. Washington St., Suite 101, Phoenix, AZ 85034
- The application must be complete and include all supporting documentation.

VALLEY METRO PHOTO ID SITES

Valley Metro Mobility Center

4600 E. Washington St., #101

Phoenix, AZ 85034

Phone: 602.253.5000

Mon.–Fri. 8 a.m.–4:30 p.m. (Except Holidays)

Tempe Transit Store

200 E. 5th St.

Tempe, AZ 85281

Phone: 480.858.2350

Mon.–Fri. 8 a.m.–4 p.m. (Except Holidays)

CARD COSTS

New card: \$4.00

Replacing a lost or stolen card: \$4.00

REPLACING A LOST REDUCED FARE CARD

If your card is lost or stolen and your reduced fare eligibility has not expired, do the following:

- **Phone:** Call Customer Service at 602.253.5000 and select option 3 for fare support.
- **Note:** You will need to provide your first and last name, date of birth or RFID number and the email address for your Valley Metro fare account (if applicable).
- **In-Person:** Complete **SECTION 1** and **SECTION 2** of this application.
 - Take your completed application and Government-issued ID to a Valley Metro photo ID site.
 - All applications for replacement cards will be processed at photo ID sites at the time they are submitted.

RENEWING YOUR REDUCED FARE ACCOUNT

If your eligibility is about to expire or has expired, you must reapply for reduced fare. Please follow the **APPLICATION INSTRUCTIONS** on page 1.

REDUCED FARE APPLICATION

SECTION 1: APPLICANT INFORMATION (ALL FIELDS REQUIRED)

Today's Date (MM/DD/YYYY): _____ Date of Birth (MM/DD/YYYY): _____
Last Name: _____ First Name: _____ Middle Initial: _____
Mailing Address: _____ Apt/Unit#: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

Check only one:

- ☐ Youth (Ages 6-12) ☐ Youth (Ages 13-18) ☐ Senior (65 and older) ☐ SSI/SSDI
☐ Disabled Vet (30% or higher) ☐ Medicare ☐ Medical Disability (under 65) ☐ Drug and Alcohol Dependency

Check the appropriate box:

- ☐ Mobile - Free ☐ New Card - \$4.00 ☐ Lost Card - \$4.00

SECTION 2: TERMS AND CONDITIONS (TO BE SIGNED BY APPLICANT)

I certify to the best of my knowledge that the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated. I understand that my Valley Metro Reduced Fare account is not transferable to other persons and that Valley Metro reserves the right to determine qualifications for issuing reduced fare in accordance with the terms and conditions listed on the application instruction sheet. I understand the Valley Metro Reduced Fare is valid until the date listed in my fare account details (valleymetrofares.org or call 602.253.5000) and that I must reapply at that time if I wish to continue my eligibility with the Valley Metro Reduced Fare program. I understand that I must present the card or the Valley Metro app when requested by a bus operator or fare inspector to verify eligibility for the reduced fare. I understand that the information on this application will be kept confidential by the professionals involved in evaluating my eligibility. I understand that Valley Metro may contact the physician or licensed health care professional listed on my application to verify my qualifying disability (if applicable). I authorize the certifying physician or licensed health care provider to provide all information needed to Valley Metro in determining my eligibility for the Valley Metro Reduced Fare program. **By signing below, you certify that you have read and understand the terms and conditions of this program and to the terms and conditions outlined at valleymetro.org/terms.**

Name (Print): _____ Signature: _____ Date (MM/DD/YYYY): _____
Parent Signature (if applicant is under 18): _____ Date (MM/DD/YYYY): _____

Parental consent form (page 8) is required for youth under 18 years old.

FOR OFFICE USE ONLY

Card #: _____ Expiration (MM/DD/YYYY): _____

Documentation:

- ☐ Government-issued ID ☐ School ID ☐ Proof of school enrollment
☐ Birth certificate ☐ Medicare card ☐ Other (please describe) _____

Site/Event Location: _____ Agency Rep Name: _____

Event/Application Date (MM/DD/YYYY): _____

SECTION 3: QUALIFIED SIGNEES FOR MEDICAL PROFESSIONAL CERTIFICATION

Qualified healthcare professionals who may certify disabilities listed in **SECTION 4—check one that applies:**

- ☐ Audiologist – Hearing impairments
- ☐ Certified Orientation and Mobility Specialist – Visual impairments
- ☐ Chiropractors – Mobility impairments
- ☐ Clinical Psychiatrists and/or Psychologists – Mental impairments & drug and alcohol addiction
- ☐ Licensed Social Worker – Mental/Cognitive impairments
- ☐ Medical Doctor (MD) and Doctor of Osteopathy (DO) – All impairments
- ☐ Nurse practitioner – All impairments
- ☐ Occupational Therapist – Mobility impairments – upper and lower extremities (activities of daily living)
- ☐ Optometrist or Ophthalmologist – Visual impairments
- ☐ Physical Therapist – Mobility impairments
- ☐ Physician's Assistant – All impairments
- ☐ Podiatrist – Mobility impairments
- ☐ Recreational Therapist – Mental or mobility impairments
- ☐ School Psychologist or Special Education Teacher – Mental/Cognitive impairments
- ☐ Substance Abuse Program Director – Drug and alcohol addiction
- ☐ Other – Please list title: _____

SECTION 4: MEDICAL DISABILITY CRITERIA

In order to qualify for a Valley Metro Reduced Fare account, your client/patient listed on this application must have a physical or mental/cognitive condition that falls within the medical eligibility criteria listed below that substantially limits a major life activity, such as caring for one's self, walking, seeing, hearing, speaking, breathing, learning and/or working and that further meets legal standards for reduced fare eligibility listed on page 2 of this application.

Is this disability permanent? ☐ Yes ☐ No. If no, how long do you expect this disability to last? _____

Note: If a disability is temporary, it must last for at least 90 days to be eligible for a reduced fare.

Check all that apply:

☐ **NON-AMBULATORY DISABILITIES**

Impairments which require the individual to use a wheelchair, electric scooter or other mobility device.

☐ **SEMI-AMBULATORY PHYSICAL DISABILITIES**

- ☐ **Restricted mobility.** Disability requiring the use of a cane, crutches, long leg braces, service animal, white cane, walker or other orthopedic appliances.
- ☐ **Arthritis.** American Rheumatism Association criteria may be used as a guideline for the determination of arthritic disability. Therapeutic Grade III, Functional Class III or Anatomical State III or worse is evidence of arthritic disability.
- ☐ **Loss of extremities.** Anatomical deformity of or amputation of one or both hands, arms, feet or legs or loss of major motor function.
- ☐ **Cerebrovascular accident.** Ongoing debilitating effects following occurrence of cerebrovascular accident.
- ☐ **Cardiopulmonary disease.** Serious loss of heart or lung reserves as shown by x-ray, EKG or other tests and in spite of medical treatment there is breathlessness, pain or fatigue. If diagnosis is asthma, please state whether: Individual has been on systemic medication for the immediate past six months or has been required to use fast acting inhaler for three or more episodes per week for the immediate past six months.
A specific diagnosis is required. (Please specify): _____

- ☐ **Dialysis.** Individual who must use a kidney dialysis machine in order to live.
 - ☐ **Epilepsy, grand mal or psychomotor.** Persons who are seizure-free for a continuous period of six months are disqualified unless they are restricted from driving a motor vehicle.
 - ☐ **Neurological disabilities.** Neurological and physical impairments not controlled by medication (i.e. cerebral palsy, multiple sclerosis or traumatic brain injury).
 - ☐ **Stroke.** Individual has substantial functional motor deficits in any of two extremities, loss of balance and/or cognitive impairments three months post stroke.
 - ☐ **Other.** (Please specify): _____
-

☐ **VISUAL DISABILITIES**

- ☐ **Legally blind.** Visual impairment that is bilateral and not correctable with lenses. Individual's visual acuity in the better eye, with correction, is 20/200 or less.
- ☐ **Contraction of visual field.** Individual whose widest diameter of visual field subtends an angular distance of 20 degrees, less than 10 degrees from point of fixation or whose visual field efficiency is 20 degrees or less.

☐ **HEARING DISABILITIES**

- ☐ **Total deafness.** Individual whose hearing loss is 70 dba or greater in the 1000 and 2000 Hz ranges and not correctable with hearing aids.

☐ **MENTAL OR COGNITIVE DISABILITIES**

A principal diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV classification in one of the following areas is required for eligibility: Organic Mental Disorders, Schizophrenic Disorders, Paranoid Disorders, Psychotic Disorders not elsewhere classified, Affective Disorders, Somata Form Disorder, Dissociative Disorders, Adjustment Disorders, Psychological Factors affecting physical condition and Post-Traumatic Stress Syndrome.

These diagnoses must be at Class III to V levels, as follows:

- ☐ Class III – Moderate impairment. Levels compatible with some, but not all, useful functions.
 - ☐ Class IV – Marked impairment. Levels significantly impede useful functioning.
 - ☐ V – Extreme impairment. Levels preclude useful functioning.

 - ☐ **Autism.** Monotonously repetitive motor behavior, severe withdrawal, inappropriate response to stimuli and very inadequate social relationships.
 - ☐ **Developmentally disabled.** Cognitive disability that originates before the age of 18.
 - ☐ **Adult Intellectual Disability.**
 - ☐ **Mental illness.** Individual whose mental illness includes a substantial disorder of thought, perception, orientation or memory that impairs judgment and behavior. A specific diagnosis is required.
(Please specify): _____
-

☐ **CHRONIC PROGRESSIVE DEBILITATING CONDITIONS**

Individual who experiences debilitating diseases, autoimmune deficiencies or progressive and uncontrollable malignancies, any of which are characterized by fatigue, weakness, pain and/or changes in mental status that impairs mobility.

- Advanced connective tissue disease such as Lupus, Erythematousus, Sclermodema or Polyarteritis Nodosa
- Symptomatic HIV: (AIDS or ARC) in CDC defined clinical group IV, Subgroups A – E

A specific diagnosis is required. (Please specify): _____

☐ **DRUG AND ALCOHOL DEPENDENCY**

An authorized Substance Abuse/Alcohol Rehabilitation facility or agency must be licensed with the State of Arizona, a local city or within Maricopa County. The facility must have a license number or a tax I.D. number to operate the facility or business and must provide a drug and alcohol program or after care program, which includes:

- Applicant living at a drug treatment facility or transitional living facility or receiving rehabilitation services from a licensed drug or alcohol treatment center.
- Applicant is actively participating in a drug treatment program.
- Attending 12-step meetings
- Subject to random drug testing
- Receiving career counseling and/or seeking employment

NOTE: In order for applications for drug and alcohol dependency to be accepted, the drug and alcohol treatment center or transitional living facility must be registered with Valley Metro prior to submitting an application on behalf of their client. To register, please contact Valley Metro at 602.716.2100 and select the reduced fare option.

☐ **OTHER DISABILITY**

Any other temporary or permanent disability that would significantly affect the applicant's ability to effectively use mass transportation services or a mass transportation facility without special facilities, planning or design. **A specific diagnosis is required.** (Please specify): _____

SECTION 5: QUALIFIED HEALTHCARE PROFESSIONAL INFORMATION

Do not submit applications for individuals who do not qualify for a medical disability under Valley Metro's Reduced Fare program. Reduced fare accounts are not issued for socioeconomic purposes. The medical disability must be identified in Title 49 CFR 609.3-Definitions and must further meet Valley Metro requirements for reduced fare eligibility.

The licensed professional signing this application must attach or provide one of the following types of supporting documentation to authenticate the diagnosis listed on the application:

- ☐ Medical paperwork or a signed prescription slip that verifies the disability listed on the application.
- ☐ A description of the diagnosis on the agency or healthcare provider's letterhead that matches the diagnosis on the application. This document must be an original and it must be signed by the professional listed on the application.

These documents must be dated within the past 30 days.

Name of Medical Practice or Certifying Agency: _____

Qualified Healthcare Professional's Name: _____

Title: _____ License Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

I certify that I am a qualified healthcare professional that fits the criteria listed under **SECTION 3**. I certify the applicant is disabled as defined by the above criteria and the information I have provided is true and correct under penalty of perjury according to the laws of the State of Arizona.

Authorized Signature: _____ Date (MM/DD/YYYY): _____

REDUCED FARE PARENTAL CONSENT

Direct Notice to Parents and Guardians (for applicants under 13)

In compliance with the Children's Online Privacy Protection Act (COPPA), Valley Metro must provide prior notice to and obtain parent/guardian consent for children under 13 years of age prior to collection of the personal information of their children through online applications and portals. Valley Metro has collected or will collect the child's contact information and parent's contact information through the reduced fare application and Parental Consent Form. If we learn that a child under 13 years of age has provided us with personal information without parental consent, we will delete this information from our databases.

Valley Metro collects and maintains information provided by youth in the reduced fare application process, including the child's full name, email address, date of birth, mailing/billing address and photographs for verifying reduced fare which may contain the child's image. Information collected is used for online applications and portals which provide access to Valley Metro content, materials and resources relating to fare payment and trip planning on Valley Metro transit services.

Valley Metro's COPPA statement is incorporated in the website Privacy Policy found here:
valleymetro.org/how-to-ride/online-tools/app-privacy-policy

REDUCED FARE PARENTAL CONSENT FORM

Notice to Parents and Guardians (for applicants under 13): In compliance with the Children's Online Privacy Protection Act (COPPA), parents or legal guardians of children under 13 years of age must consent to collections, uses and disclosures of the personal information of their children collected by Valley Metro online applications and portals. Valley Metro's COPPA statement is incorporated in the website Privacy Policy found here: valleymetro.org/how-to-ride/online-tools/app-privacy-policy.

Your permission is required for the collection, use or disclosure of your child's personal information. We will not grant your child access to any Valley Metro online applications and portals unless you provide us with permission. Valley Metro's online applications and portals provide access to Valley Metro content, materials and resources relating to fare payment and trip planning on Valley Metro transit services.

Please complete this form by filling in the requested information. Information provided must be legible. Then print, sign and include the form with the reduced fare paper application or online application at valleymetrofares.org.

By signing and returning this form to Valley Metro, you certify that you consent to your child applying for reduced fare and have read and understand the terms and conditions of this program and the terms and conditions outlined at valleymetrofares.org.

VERIFIABLE PARENT CONSENT

Child's Full Name: _____ Child's Date of Birth (MM/DD/YYYY): _____

Child's Email Address: _____

(Child's email must be different from parent's and match the email used to register in the Valley Metro app or at valleymetrofares.org.)

Your Full Name: _____ Relationship to Child: _____

Your Email Address (Must be different from child's email): _____

Your Full Mailing Address: _____ City: _____ State: _____ Zip: _____

Your Phone Number: _____

I understand that I can revoke this consent at any time to refuse further collection and use of my child's information by requesting account deletion via: (1) my child's Valley Metro app account; (2) valleymetrofares.org; or (3) by writing down my revocation of consent and by scanning and emailing the signed request to csr@valleymetro.org or mailing the request to Valley Metro, P.O. Box 2182, Tempe, AZ 85280.

I certify to the best of my knowledge that the information on this application is true and correct. I understand that providing false or misleading information could result in my child's eligibility status being terminated. I understand that my child's Valley Metro Reduced Fare account is not transferable to other persons and that Valley Metro reserves the right to determine qualifications for issuing reduced fare in accordance with the terms and conditions listed at valleymetrofares.org. I understand the Valley Metro Reduced Fare is valid until the date listed in my child's fare account details (valleymetrofares.org or call 602.253.5000). I understand that my child must present the card or Valley Metro app when requested by a bus operator or fare inspector to verify eligibility for the reduced fare. I understand that the information on this application will be kept confidential by the professionals involved in evaluating my child's eligibility.

Your Signature: _____ Date (MM/DD/YYYY): _____