

Half-fare ID Application

CITIBUS SPECIAL EFFORTS PROGRAM ELIGIBILITY APPLICATION

(Please type or print)

I, _____ certify that _____ meets the eligibility requirements set forth below for transportationally disabled ** individuals:

Nature of Transportation Disability:

Duration of Condition: _____

I recommend that he/she be issued a Citibus ID card qualifying him/her to pay a reduced, cash fare for passage on the Citibus Fixed Route System.

This form must be signed by a doctor or qualified case worker.

Signed

Date

Agency Name

Address

Phone #

**Persons who, because of age or disabilities, are unable without special planning of design to utilize mass transportation facilities and services as effectively as persons who are not so affected.

Additional applicant Information:

Date of Birth: _____

Social Security Number: _____

Address: _____

Zip Code: _____

Phone Number: _____