Application for Reduced Fare Disabled Permit

To qualify for a reduced fare permit, you must be certified as disabled by a physician or registered nurse, OR be a Medicare recipient. (For persons 65 and over, please use Application for Senior Citizen Permit).

PART I (FILLED OUT BY THE APPLICANT). PLEASE PRINT.

Name: (last, first, middle initial): ____

Phone: ___________________________ Email (optional): ____

Address: (street, city, state, zip): ____

I hereby submit a copy of my Medicare card # ___________________________ as proof of my disability OR

I hereby authorize (Physician or Registered Nurse) ____ to release information to Metro Transit concerning my disability.

Applicant's Signature: ____ Date: ________________

PART II (FILLED OUT BY PHYSICIAN OR REGISTERED NURSE)

Applicant's Name: ____ is unable to perform the following function(s) necessary for the effective use of mass transportation facilities without significant difficulty.

CHECK ALL THAT APPLY:

- ☐ Board or alight from a standard bus
- ☐ Stand in a moving bus
- ☐ Read information signs
- ☐ Hear and/or understand announcements by driver
- ☐ Communicate to Metro Employees
- ☐ Count/manipulate change
- ☐ Identify stops
- ☐ Remember to get on/off at the correct stop
- ☐ Signal stop

This limitation is (check one):

- ☐ Temporary until: ______________________ (Of indeterminate length, permit will be valid for six months only).
- ☐ Permanent

Print Name & Title of Physician or Registered Nurse: ____

Signature of Physician or Registered Nurse: ____

Phone: _________________________________ Date: ____

MAIL COMPLETED FORM TO: Metro Transit • 1245 E. Washington Avenue • Madison, WI 53703
Questions? Call Customer Service: 608-266-4466

PART III (FILLED OUT BY METRO TRANSIT)

Signature of Metro Rep: ____________________________________ Date Permit Issued: ______________