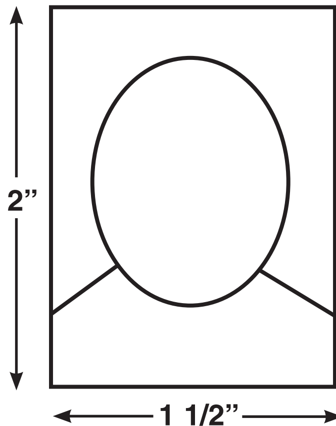
Application for MTA Reduced-Fare MetroCard for
People with Disabilities

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL



Attach Photo Here

Mail Completed Application to:

Metropolitan Transportation Authority
Attention: Reduced-Fare Program
130 Livingston Street
Brooklyn, New York 11201-9625

Allow two to eight weeks for processing.

For further information or additional copies of this Application or the Application for Senior Citizens, visit mta.info or call 511 or 718-330-1234. If you are Deaf or hard of hearing, use the free 711 relay or your preferred relay service provider to contact us or visit mta.info.

Section 1: Customer Information

Last Name:

First Name: M.I.

Mailing Address: Apt. No.

City: State: Zip: -

Is this a mobile phone? ❑ YES ❑ NO

Phone: - -

Date of Birth: M M - D D - Y Y Y Y

Email:

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INFORMATION FOR ALL APPLICANTS

The Metropolitan Transportation Authority's (MTA) Reduced-Fare MetroCard Program for people with disabilities provides reduced-fare transportation for persons with the following disabilities:

- Receiving Medicare benefits for any reason other than age[1]
- "Serious mental illness" (SMI) and receiving Supplemental Security Income (SSI)
- Blindness
- Deafness or Hearing Loss
- Ambulatory Disability
- Cognitive Disability
- Other Physical Disability

If you do not have one of these disabilities, you are not eligible for the Reduced-Fare MetroCard Program.

Read the entire form carefully before you apply.

(1) Provide a photocopy of a valid photo ID (such as a driver's license, passport, or valid state ID).

(2) Sign the affirmation in Section 1A.

(3) Provide a passport-type photo (1 ½" x 2") with this application. Write your name on the back of the photo and attach it where indicated on the front of this application. You are responsible for any fees for obtaining a passport photo.

(4) Provide documentation of your disability. See Section 2B for the certification requirements.

(5) Have a physician or other licensed health care provider complete Section 2. You are responsible for any fees your physician may charge.

The MTA may accept or reject documentation you provide or ask for additional proof of disability. In its discretion, the MTA may waive application requirements on a case-by-case basis or require that the applicant be examined by its own physician at the MTA's own expense.

If the MTA determines that you are eligible for reduced-fare transportation, you will receive a Reduced-Fare MetroCard. You are certified for the Reduced-Fare MetroCard for four years from the date it is issued. (The temporary card can be used up to one year.) The card itself expires on the date printed in the upper-left corner of the card and will be renewed automatically.

The Reduced-Fare MetroCard is valid only if you are disabled as stated in your application. If at any time you are no longer disabled as described, your eligibility for the Reduced-Fare MetroCard Program automatically ceases; you are no longer permitted to use the Reduced-Fare MetroCard, and you must return the card to the MTA.

[1] If you receive Medicare benefits because you are 65 years or older, use the Application for Senior Citizens.

SECTION 1: CUSTOMER INFORMATION (continued)

A. Applicant's Disability Affirmation:

I have read and understand all the program information, instructions, and conditions of use contained in this application. I affirm under penalty of perjury that all statements made by me on this application and to any Certifier (physician or other licensed professional) who is named in this application, including all statements, if any, concerning my disabilities, are true and complete. I understand that the MTA will rely on the statements made by me and by any Certifier named in this application to determine my eligibility for the Reduced-Fare Program, that all such statements may be subject to investigation and verification, and that a material misstatement or fraud will disqualify me for reduced-fare privileges. I understand that the MTA may discontinue or change its Reduced-Fare Program without notice. If the MTA determines that I have not followed the Reduced-Fare Program Conditions of Use, I understand that my Reduced-Fare MetroCard will be cancelled, and I will not be eligible to reapply for the Reduced-Fare Program. I understand that it is a crime to allow anyone else to use my Reduced-Fare MetroCard or for me to continue to use the card if I am no longer disabled as defined by the Reduced-Fare Program.

Complete the following, if applicable: ☐ I use a service animal to travel
If checked, indicate the type of service animal (e.g., guide dog): ________________________________
My service animal is trained to do the following task(s):

____

Please note: Customers who use service animals or mobility devices will receive a Reduced-Fare MetroCard that activates the AutoGate.

X____ ______________________
Signature of Applicant or Personal Representative Date

Personal Representative Information

If the application is completed on behalf of the applicant, a personal representative must complete the following:

Print Name: ____

Address: ____

Tel. No.(s): ____

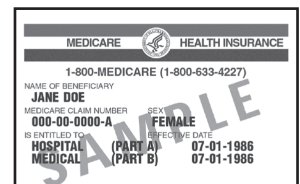
Relationship to Applicant: (e.g., parent, guardian, attorney, friend, etc.)

____

B. Applicant's Statement of Eligibility:

My application for reduced fare is based on one or more of the following (check all that apply):

☐ **I am a Medicare recipient for reasons other than my age.**
Applicant must attach a passport-type photo and a copy of Medicare Card to this application.



❑ **I currently receive Supplemental Security Income (SSI) benefits from the United States Social Security Administration (SSA) and have a serious mental illness.**

I understand that I must provide a recent “Notice of Entitlement” letter for SSI Eligibility from SSA and the date on the SSI Eligibility letter must be within **two** months of the date my application is submitted to the MTA.

I understand that I am eligible to receive the MTA Reduced-Fare MetroCard only while I am receiving SSI. In the event that my SSI eligibility status changes, I agree to immediately notify the MTA.

The following Certification for MTA Reduced-Fare Eligibility Application Based on Serious Mental Illness and Receipt of SSI Benefits must be completed by a psychiatrist or other licensed mental health professional (“Certifier”).

Certifier Information:

Name (Last) (First) (M.I.)

Office Address Suite/Room No. or Floor

City State Zip Code State Professional License No.

Telephone Best Time to Call
( )

Certification

I have examined the applicant for Reduced-Fare who is named on this application. It is my professional opinion that the named applicant is a disabled person with a “Serious Mental Illness” as follows:

❑ Serious Mental Illness – The applicant currently meets the criteria of a Diagnostic & Statistical Manual of Mental Disorders (DSM) diagnosis other than (I) alcohol or drug disorders, (II) developmental disabilities, (III) dementia or mental disorders due to general medical conditions, except those with predominant psychiatric features, or (IV) social conditions (V-codes): AND experiences substantial dysfunction in a number of areas of role performance or is dependent on substantial treatment, rehabilitation, and support services in order to control or maintain function capacity. Further, the person has experienced substantial impairments in functioning due to mental illness for an extended duration.

INDICATE THE DSM DIAGNOSIS (CERTIFIER MUST INCLUDE THIS INFORMATION):

Certifier’s Signature Date

NOTE: APPLICANT MUST COMPLETE AUTHORIZATION TO DISCLOSE MY HEALTH INFORMATION IN SECTION 3
Applicants who do not have Medicare or SSI, and who are eligible under one of the below disabilities, must have a physician or licensed healthcare provider complete Section 2. The applicant must also complete and sign Section 3: Authorization to Disclose My Health Information. A copy must be provided to the Certifier.

❑ I am an individual with one or more of the following disabilities (check all that apply):

- ❑ Deafness or hearing loss
- ❑ Ambulatory disability
- ❑ Cognitive disability
- ❑ Other physical disability
- ❑ Blindness - as defined in section 2 Disability Certification **If you are registered with the NYS Commission for the Blind, you may submit a copy of your NYSCB identification card instead of completing Section 2 - Physician’s Certification.**

SECTION 2: DISABILITY CERTIFICATION
(To be completed by Physician or Licensed Healthcare Provider)

A. Physician/Certifier Information:

Name (Last, First, MI): ______________________________

Office Street Address: ______________________________

City, State, Zip: ______________________________

Telephone Number: ______________________________

Best Time of Day to Call: ______________________________

State Professional License No.: ______________________________

B. Physician/Certifier Certification:

I have examined the applicant ______________________________ and signed the back of their photograph that is attached to this application. It is my professional opinion that they are a "person with a disability" within the meaning of the term set forth in this document, as follows (check all that apply):

- ❑ **Blindness** – There is central visual acuity of 20/200 or less in both eyes with the use of correcting lenses. Each eye which, accompanied by limitation in the field of vision such that the widest diameter of the visual field subtends an angle of greater than 20 degrees, shall be considered as having central visual acuity of 20/200 or less.
- ❑ **Deafness or Hearing Loss** – With hearing aids, hearing in each ear is NOT restored to one of the following minimum levels: (i) Average hearing threshold sensitivity for air conduction of 90 decibels or greater, and for bone conduction to corresponding maximum levels, determined by the simple average of hearing threshold levels at 500, 1,000 and 2,000 HZ; or (ii) Speech discrimination scores of 40% or less in each ear.
- ❑ **Ambulatory Disability** – The applicant requires the use of a mobility/ambulation aid in order to navigate the transit system. Please circle the mobility device(s) the applicant uses:

  Wheelchair Medical Stroller Cane Crutch(es) Walker

  Other: ______________________________
- ❑ **Cognitive Disability** – Due to the cognitive disability, the applicant cannot use MTA services or facilities without special planning or design. For example, customers with cognitive disabilities who have had travel training or travel with a personal care attendant (PCA) may be eligible.
- ❑ **Other Physical Disability** – The applicant has an amputation or other physical disability that makes it impossible for them to use the system without extra planning.

C. For each box checked above, please provide a diagnosis: ______________________________

____

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D. Permanent or Temporary Disability: I estimate that the duration of the applicant's disability(ies) will be:

❑ Permanent (more than 12 months) ❑ Temporary (more than 3 but fewer than 12 months)

Please specify: __________ months

X______________________________ ______________________________

Physician Signature Date

SECTION 3: AUTHORIZATION TO DISCLOSE MY HEALTH INFORMATION

1. I, the undersigned applicant, hereby authorize the following Physician/Certifier ("you") to disclose the information specified in Section 2 to: MTA Reduced-Fare Program, 130 Livingston Street, Brooklyn, NY 11201.
2. You are authorized to complete Section 2, "Disability Certification" of my MTA Reduced-Fare Program application and send it to the MTA. If contacted by the MTA, you are authorized to discuss the information you have provided with a representative of the MTA Reduced-Fare Program.
3. This authorization is effective until the date of the termination of my receipt of MTA Reduced-Fare benefits.
4. I am requesting that you disclose this health information to enable the MTA to determine my eligibility for reduced-fare transportation benefits.
5. I understand that my authorization is voluntary and that I may revoke it at any time by notifying you in writing. I understand that if I do so, it is effective only to prevent any additional disclosure after the date I give you my notice. It does not apply to disclosures that you made while my authorization was in effect.
6. I understand that once my health information is disclosed as authorized by me in this form, it may no longer be subject to privacy protections if the authorized recipient is not obligated under law to protect the privacy of my health information.
7. I understand that you may not condition my treatment, payment, enrollment or eligibility for benefits from you on my granting an authorization for disclosure/release of my health information.

Physician/Certifier Name (Last, First, MI): ____________________

Affiliation: ____________________

Address: ____________________

Telephone Number: ____________________

X____________________ ____________________
Signature of Applicant or Personal Representative Date

Applicant's Name (Last, First, MI): ____________________

Address: ____________________

Telephone Number: ____________________

Personal Representative Information (if applicable):

I am the personal representative of the individual requesting disclosure of health information whose name and address appear above. This individual has authorized me to complete this form on their behalf.

Signature of Personal Representative: ____________________ Date : ____________________

Print Name of Personal Representative: ____________________ Tel No : ____________________

Address: ____________________

MTA Reduced-Fare MetroCard

Conditions of Use and Other Important Information

for a Metropolitan Transportation Authority Reduced-Fare MetroCard (RFM) issued to people 65 years of age and older and people with disabilities. This program is managed by MTA New York City Transit.

Valid Use: RFM can be used to pay fares on all MTA New York City Transit subways, NYC Transit local buses, express buses only during non rush hours, MTA Staten Island Railway, Nassau Inter-County Express Bus (NICE), MTA Bus, Roosevelt Island Tram, Westchester Bee-Line local buses and express Bee-Line BxM4C buses only during non rush hours.

The RFM is valid identification for eligibility in the reduced-fare programs of the MTA Long Island Rail Road and MTA Metro-North Railroad, anytime except weekday rush hours to New York City terminals. To receive the reduced fare, show the RFM to train personnel or station agents when purchasing your ticket.

Expiration Dates: Reduced-Fare MetroCards expire on the date printed on the back of the card. As long as you actively use your card, NYC Transit automatically sends you a new RFM before the expiration date.

Any remaining value that is not transferred to a new RFM within two years after the expiration date on the original RFM will be surrendered by, and unavailable to, the card holder.

Trouble Using RFMs: An RFM that does not work or is damaged should be returned to MetroCard Customer Claims. Ask a station booth agent or bus operator for a prepaid envelope in which to return your card to us. In the envelope you'll find a form to fill out so you can describe your RFM problem.

If you cannot get a prepaid mailer, send the damaged card to our mailing address at:

MetroCard Customer Claims
130 Livingston Street
Brooklyn, New York 11201-9625

Be sure to include your name, address and phone number, your damaged RFM, an explanation of the problem and the address to which the new RFM should be sent.

If you prefer, you may bring your damaged RFM to the NYCT Customer Service Center at 3 Stone Street in downtown Manhattan, 9 AM to 5 PM, Monday to Friday. The NYCT Customer Service Center is open by appointment only. To schedule an appointment, visit new.mta.info/appointment or call 511.

The holder assumes the risk of loss until the card is received by either MetroCard Customer Claims or the NYCT Service Center.

Change of Address: Notices and replacement cards will be sent to you at the address you provide You must inform us promptly, in writing or by calling 511 or 718-330-1234, of any change of address.

Lost or Stolen RFMs: Immediately report a lost or stolen RFM by calling the MTA Customer Service Center at 511 or 718-330-1234, 6 AM to 10 PM or via our MetroCard eFIX system at www.mta.info. Any value or unlimited rides on your card will be transferred to your replacement RFM after the old RFM has been frozen and any balances verified.

Restrictions: An RFM may be used only by the person to whom it has been validly issued. Use of the RFM by any other person may result in forfeiture of the card and its remaining balances, plus civil and/or criminal penalties.

You must present your Reduced-Fare MetroCard to a police officer or transit personnel upon request.

There are no refunds of money remaining on RFMs. Money remaining on an expired card may only be transferred to a new card within two years of the expiration date. Money from a full-fare MetroCard cannot be transferred to a temporary or permanent RFM. No redemptions or exchanges will be given for an RFM that has been altered or tampered with, or whose value cannot be verified.

The City of New York, the State of New York, the County of Westchester and the Metropolitan Transportation Authority and its subsidiaries and affiliates, including New York City Transit, are not liable for any special or consequential damages associated with or resulting from the failure, malfunction, or disabling of the RFM or the MetroCard system.

The MTA Reduced-Fare MetroCard and its use are subject to all tariff provisions, rules and regulations of the New York City Transit Authority and its affiliates, and Westchester County Bee-Line System.

For more information, call 511 or 718-330-1234 6 AM to 10 PM. If you are deaf or hard of hearing, use the free 711 relay or your preferred relay service provider to contact us. Have the card at hand so you can read the serial number and expiration date to the customer service agent who assists you.

134_20 PD Rev. Mar. 2023

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