METRO RTA
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Akron, OH 44301
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For Office Use Only:
Expiration Date:
Photo on file? Y / N
METRO ID:

APPLICATION FOR REDUCED FARE SERVICES

PART A: ALL APPLICANTS MUST COMPLETE THIS SECTION IN ITS ENTIRETY. PLEASE PRINT.					
1.	Last Name:		2.	First Name: MI:	
3.	Address:				
4.	City/State:		5.	Zip Code:	
6.	Home Phone #:	7.	Cell Phone #:	8.	Date of Birth:
9.	Emergency Contact Information Name: Phone:		10.	Would you like training to ride the bus? ☐ Yes ☐ No	
11.	If you use a device, what type? ☐ Scooter ☐ Walker ☐ Cane ☐ Standard Wheelchair ☐ Electric Wheelchair ☐ Other: _____				
12.	Signature of Applicant:		13.	Date:	

By submitting this application, you are giving consent to METRO to contact your medical professional or agency official to verify the information contained within this application.

PART B: TO BE FILLED OUT BY MEDICAL PROFESSIONAL OR AGENCY OFFICIAL (PLEASE PRINT LEGIBLY). *APPLICATIONS WILL BE REJECTED IF ANY AREA OF PART B IS FILLED OUT BY APPLICANT.*	
14.	Give a detailed description of disability/impairment:
15.	Is this disability permanent? ☐ Yes ☐ No If no, what is the anticipated duration (in months)? _____
16.	☐ I recommend this individual for reduced fare service and is public transit appropriate ☐ I do not recommend this individual for service at this time

I, the undersigned medical professional, certify that my client named above is disabled, however, is able to use METRO fixed route/line service. By signing this, I agree to the validity of the information presented in this application. Please consider this application for Reduced Fare.

Printed Name: _____
License # or ID #: _____ Agency: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Signature:_____ Date:_____

Knowingly providing fraudulent information on this application may result in loss of current and/or future service.

LARGER PRINT APPLICATION AVAILABLE UPON REQUEST

This application must be filled out completely to be considered for service. Incomplete applications will be returned to the applicant or medical professional. As a part of the application process, you may be required to participate in an assessment to determine your eligibility.

REV 11/16