

# HIGH POINT TRANSIT SYSTEM HALF FARE APPLICATION INSTRUCTIONS

1. **This certification form must be filled out entirely and correctly.** All incomplete applications will be returned. Pictures are required to be placed on all IDs issued and this can be done at the High Point Transit System office between 8:30 a.m.-4:30 p.m. Monday-Friday. If an individual has a Medicare card, an ID that proves they are 60 or older, or an unexpired half fare ID card issued from Winston-Salem Transit Authority, Greensboro Transit Authority (Medicare, Senior, or Disability only), or other public transit system then he/she is not required to get a High Point Transit System ID card, but may do so if he/she chooses. **There is no reduced fare given solely for Medicaid or financial need.**
2. Individuals can be certified based on their age (see Part I of the application) or based on a disability (see Part II of the application).
3. If an individual is qualifying based on age (60+) he/she needs to provide a **copy** of some type of documentation that has his/her name & birth date on it and return it with the signed application.
4. If an individual is qualifying because of a disability(ies), a licensed professional needs to list the **specific disability(ies) in layman's terms in the required section** (Part II). Check if the disability is permanent and how the disability affects the individual's ability to ride the bus.
5. The name of the organization the professional belongs to must be printed or stamped on the appropriate line and the application must be signed and dated by the professional filling it out.
6. **Applications must be turned in to the transit system within 30 days of the licensed professional signing. Applications older than 30 days will not be accepted.**
7. Applications will be accepted by mail. If approved, the card will be temporary (60 days) until the individual comes to the transit system office to have his/her picture taken & placed on the card.
8. **A \$5.00 fee applies to all lost, stolen, damaged, or misplaced cards.**

**Photocopy of Proof of Age document or Medicare Card in box below (For use by Transit System Staff Only)**



# BUS HALF FARE APPLICATION

HIGH POINT TRANSIT SYSTEM

716 W MLK JR. DR, HIGH POINT, NC 27262

PH: (336) 889-7433, FAX (336) 883-3425 OR TDD# (336) 883-8517

**READ INSTRUCTIONS PRINTED ON THE REVERSE SIDE.**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

**I. SENIOR CITIZEN (AGE 60 & OVER):** The signature of a doctor or agency will not be needed if the individual requesting the card will **provide a copy of any document that verifies his/her birthdate.**

**STOP HERE AND SIGN ON LINE III. ATTACH COPY OF DOCUMENT.**

**II. DISABLED:** Disability or mobility limitations due solely to pregnancy, obesity, active alcoholic or drug-related problems are not considered to be eligible handicaps for purposes of this program. **PLEASE LIST SPECIFIC DISABILITY IN LAYMAN'S TERMS ON LINE BELOW:**

Individual has the following disability(ies) \_\_\_\_\_

Is the Above Disability Permanent?  Yes  No If No, How Long? \_\_\_\_\_

This significantly affects my ability to perform the following functions (Check all that apply):

- getting on and off the bus
- standing in a moving bus
- reading information signs
- hearing request made by driver
- other (please specify) \_\_\_\_\_

**CERTIFICATION BY LICENSED PROFESSIONAL:** I recommend that this individual be deemed eligible for a half fare card, and certify that to the best of my knowledge, the above statements are true.

STAMP/PRINT NAME OF LICENSED PROFESSIONAL	SIGNATURE OF LICENSED PROFESSIONAL	DATE
---	------------------------------------	------

**III.** I certify that the above information that the licensed professional and/or I have provided is true and correct. I understand that my card is not transferable, and will entitle me to ride for one half High Point Transit System's regular fare. If this application is approved, and I am issued a half fare card, I must abide by the rules and regulations set forth by High Point Transit System.

SIGNATURE OF APPLICANT OR LEGAL REPRESENTATIVE OF MINOR CHILD	DATE
---	------

**FOR HIGH POINT TRANSIT SYSTEM USE ONLY**

APPROVAL: YES \_\_\_ NO \_\_\_

CARD NUMBER: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

THIS PRINTED MATERIAL WILL BE PROVIDED IN AN ALTERNATIVE FORM UPON REQUEST.