



**Tompkins Consolidated
Area Transit, Inc.**
737 Willow Avenue
Ithaca, NY 14850-3214
Phone: 607 277-9388
TDD/TTY: 607 277-9766
Fax: 607 277-9551
E-mail: tcat@tcatmail.com
Web: www.tcatbus.com

Application for TCAT Half-Fare Identification Card:

Proof of eligibility to pay reduced bus fare for people with disabilities, people age 60 or over, and people receiving Medicare, SSI, SSD, or disabled veterans benefits.

Please complete this application and return it to the TCAT office along with proof of eligibility.

Date of Application: _____

Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone Number: _____ Date of Birth: _____

Is this application for a temporary condition? _____

If yes, expected Duration: _____ months

Reason for Eligibility: (please check one)

_____ Medicare Cardholder: *Include a copy of your Medicare card*

_____ Age 60 or over
Include a copy of your drivers' license or other documentation showing date of birth

_____ SSI—Supplemental Security Income
Include a copy of your awards letter from Social Security Disability

_____ SSD—Social Security Disability
Include a copy of your awards letter from Social Security Supplemental Income

_____ Veterans Benefits
Include a copy disability awards letter from the VA

_____ ADA paratransit Eligible: *If you are ADA certified through TCAT, no other proof of eligibility is necessary. If you are certified through another agency, contact TCAT.*

_____ Other disability but not receiving SSI, SSD, or Medicare – details on back
**Include a letter from you health care professional certifying that you have a disability according to the guidelines on the back of this form.*

I hereby certify that the information given above is correct and true.

Signed _____ Date: _____

Disability Guidelines: If you do not receive SSI, SSD, or Medicare but you have a disability that affects your functional ability to use the bus system effectively, you can still qualify for half-fare. This means, that as a result of your disability, you are unable to perform one or more of the following functions necessary for the effective use of mass transportation facilities without significant difficulty:

1. walking more than one block;
2. Handling Money
3. negotiating a flight of stairs;
4. boarding or alighting from a standard bus;
5. standing in a moving bus;
6. sitting down and getting up;
7. reading informational signs; or,
8. hearing announcements.

Please have your health professional certify that you would be considered to have a disability under the following guideline established by the FTA: People with disabilities are defined as “those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected.”

If this application has been completed by someone other than the person requesting certification, that person is asked to complete the following:

Name: _____

Address: _____

City/Town: _____

State: _____ Zip: _____

Daytime Telephone: _____

Signed: _____ Date: _____

If you are filling out this application on behalf of someone else, where should the card be mailed?

Please mail the card directly to the applicant: _____

Please mail the card to me at the above address: _____

*** Please provide copy of documentation with completed application to the address as below ***

Jennifer Jennings
TCAT—Customer Service
737 Willow Avenue
Ithaca, NY 14850
Or fax to: (607) 277-9551 Attn: Jenn Jennings

Questions? Please call 277-9388 x420 or email jj2@tcatmail.com