



THE GREATER CLEVELAND REGIONAL TRANSIT AUTHORITY

The attached application must be completed by individuals who would like to participate in our Disability program for regular bus and rail.

To Apply for Eligibility in our Fixed Route Disability Fare Program:

1. You must complete entirely the pages 1 and 2 of the application. (If you are a Service Connected veteran with this shown on your card or you have a valid Medicare card you may use those instead of the application).
2. Medical professional or social worker **must complete page 2 and 3.**
3. Bring the completed application and \$5.00 to 1240 West 6th St. along with a **valid photo ID card.**
4. **All applications not completed correctly will not be processed. No exceptions.**

To Replace Stolen or Lost ID Cards:

1. You must come to RTA's Main Office- 1240 West 6th St.
2. There is a **2 week waiting period** for all lost or stolen cards.
3. There is a \$5.00 replacement fee for lost or stolen cards.
4. **A Photo ID is required for replacement of your card.**
5. **NO ID! NO CARD! NO EXCEPTIONS!**

Hearing directions (Average loss of 30 decibels within speech frequencies in both ears with the best possible correction is the minimum requirement)

Understanding information signs and/or directions of the bus/rail operator

What is/are your disability/disabilities? _____

Part III: Medical Professional Certification or Agency

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Telephone Number: _____

License/Certification Number: _____ State: _____

Please indicate Profession:

Physician Social Worker

Other, please specify: _____

Please indicate the disability of the applicant

Must initial each statement

_____ I certify that I have treated the Applicant and am familiar with his/her disability and health condition.

_____ I certify that I have read and agree with the applicant's information in its entirety.

I understand that false certification may be reported to the licensing jurisdiction under the State of Ohio or appropriate code for state of license/ certification.

Signature _____ **Date** _____

PART IV: NOTARY

Application will not be accepted if this oath is omitted. You must personally appear before a notary public or other authorized official for this purpose.

I solemnly affirm that the information I have provided on this application is complete and true to the best of my knowledge and belief and that intentional deception herein may be considered as significant cause for the disqualification of the Fixed Route Disability Fare Program. I will not loan my card to anyone. I also understand that RTA employees are authorized to confiscate my I. D. card if it is used improperly.

I understand that falsification of this application may be considered grounds for termination in the Fixed Route Disability Fare Program. I understand that it is a criminal offense to make false statements before a notary public and I may be liable for a criminal offense should false statements be attributed to this application.

Signature of Applicant

Subscribed and duly sworn before me according to the law, by the above named applicant this _____ day of _____ 20_____
in Cleveland, County of Cuyahoga and State of Ohio.

Signature of Officer

Official Title