

Half Fare Application information

The application for individuals with disabilities must be completed by a licensed physician and returned to GPTC's headquarters. When the application is returned, the individual requesting a HALF FARE I.D. card must provide the proper identification. At that time, a photo is taken and the customer is issued their HALF FARE I.D. card. To ensure that a half fare customer is charged a half fare rate, the HALF FARE I.D. card must be presented to the bus operator upon boarding a GPTC vehicle.

GPTC honors three (3) types of I.D. cards for a HALF FARE:

1. Elderly Persons (Senior Citizens) no application required
2. Persons with Disabilities
3. Medicare – no application required

If a temporary disability I.D. card is requested, the length of the temporary disability must be specified by the physician signing the application. When the temporary disability I.D. card expires, the customer will have to complete the application process again. At that time, a determination can be made as to whether the disability is temporary or permanent.

Elderly Persons (Senior Citizens) and Medicare card holders are not required to complete a half fare application. However, the proper I.D. is required for persons 65 years of age or older to receive a half fare I.D. card.

If a half fare I.D. card is lost or stolen, a five dollar (\$5.00) replacement fee is required.

GARY PUBLIC TRANSPORTATION CORPORATION (GPTC)
INFORMATION FOR HALF FARE APPLICATION

GPTC has a Reduced Fare Program for persons with disabilities. Persons qualifying for the program must show their GPTC I.D. card to the Bus Operator to be eligible to ride at the reduced fare.

1. Check the eligibility criteria on the back of this page to see if you qualify.
2. If you are under 65 years of age, but meet any of the criteria, check the box next to the criteria you meet, and have the application completed by a licensed physician, psychiatrist, psychologist, physical therapist, or and authorized representative of a referral agency. The referral agency and names of their representatives must be on file at the GPTC office.
3. After getting your application certified, bring it along with two pieces of identification, driver license, voter registration, social security card, etc., to the GPTC office, 100 West 4th Avenue, third floor, Adam Benjamin Transportation Center, between 8:00 A.M. and 4:00 P.M., Monday through Friday, except holidays. PHOTOS WILL BE TAKEN AT THE TIME YOU REQUEST A REDUCED FARE I.D. CARD, so plan accordingly.
4. If the signing physician, etc. has indicated your disability to be temporary, a **TEMPORARY I.D. CARD** will be issued to you with an expiration date. This card is valid only for the time indicated on the application, and must be destroyed and re-issued if the condition continues. A GPTC BUS OPERATOR IS AUTHORIZED TO REFUSE ACCEPTANCE AND TO CONFISCATE AN EXPIRED I.D. CARD.
5. GPTC reserves the right to verify the application information at any time.
6. **Effective January 1, 2012, the cost of the initial reduced fare card is \$5.00. The Reduced Fare I.D. is non-transferrable. Report loss or stolen passes immediately to the GPTC. The cost of a loss or stolen replacement pass is \$10.00.**
7. FOR FURTHER INFORMATION OF CLARIFICATION, CALL THE GPTC OFFICE AT 219- 885-7555.

HALF FARE APPLICATION

Name _____

Date _____

Address _____

Birth Date _____

Telephone Number _____

The Americans with Disabilities Act of 1990 (ADA) discrimination and ensures equal opportunity and access for persons with disabilities.

ELIGIBILITY CRITERIA FOR GPTC HALF FARE PROGRAM: A person is eligible for the GPTC Half Fare program if he or she meets any of the following criteria.

- ___1. Any disability requiring the use of a walker, crutches, wheelchair or other such devices which is expected to continue indefinitely.
- ___2. One or more missing extremities (arms or legs).
- ___3. Special sensory disorders (such as legal blindness or 50% bilateral hearing loss uncorrectable by use of a hearing aid).
- ___4. Cardiovascular, respiratory or chronic renal impairment which significantly interferes with coordination, endurance or strength.
- ___5. Neurological disorders which significantly interferes with coordination, strength or endurance (such as polio, cerebral palsy, multiple sclerosis, paralysis, epilepsy, etc.)
- ___6. Significant muscular-skeletal impairment (such as muscular dystrophy, severe rheumatism, arthritis, etc.)
- ___7. Significant mental or psychological impairment, if this results in an impairment of coordination, strength, endurance or independent mobility.

If you are **UNDER 65 YEARS OF AGE** and are disabled, the following must be signed by a licensed physician, psychiatrist, psychologist, physical therapist, or an authorized representative of a referral agency.

I HEREBY CERTIFY THAT THE ABOVE NAME PERSON IS ELIGIBLE FOR THE GPTC HALF FARE PROGRAM AS HE / SHE MEETS THE ELIGIBILITY CRITERIA WHICH IS CHECKED ABOVE. THE DISABILITY IS ___ PERMANENT ___ TEMPORARY.

IF TEMPORARY, WHAT IS THE LENGTH OF DISABILITY? _____

Signature _____ **Printed Name** _____

Title _____ **Telephone Number** _____