

MetroLink Tulsa Reduced Fare Program

Metropolitan Tulsa Transit Authority administers a fixed route reduced fare program for elderly persons, and persons who have been certified to have a qualifying disability as defined by the Federal Transit Administration (FTA). The reduced fare offered is half the regular fare. There is a \$1 photo ID fee for a reduced fare card.

1) Elderly Persons

Individuals age 62 and older may apply for a Reduced Fare card, and individuals 75 and older may apply for a Super Senior (free ride) card, at the Denver Avenue Station (319 S. Denver). Proof of age and a photo ID are required. Go to the Denver Avenue Station to complete an application and have your photo ID made.

2) Disabled Persons with Government Certifications of Disability

Individuals holding government certifications of disability may apply for a Reduced Fare Program card by submitting a completed Reduced Fare Program application, and a copy of the government letter or card. The following government certification cards and letters are accepted for this purpose:

- Medicare Card ([All Medicare recipients must get the reduced fare ID card](#))
- Social Security (SSD)
- Supplemental Security Income (SSI)
- Veteran's Administration letter (10% disability rating)

3) Disabled Persons without Government Certifications of Disability

Individuals without government certifications of disability who seek a reduced fare card due to disability are required to submit a completed Reduced Fare Program application, and documentation of their disability, including a physician's certification. Applicants will be notified in writing whether or not they are determined eligible for the Reduced Fare Program. If approved, the applicant will receive an identification card in the mail. The applicant will need to take this card to the Denver Avenue Station and pay a \$1 fee to have a photo made and affixed to it.

Permanent Disability (four-year card)

Four-year reduced fare cards must be renewed every forty-eight months prior to the card's expiration date.

Temporary Disability

Temporary reduced fare cards must be renewed at the expiration of the card's eligibility period. Documentation of compliance from a recognized treatment program will also be required prior to the renewal of temporary cards. Temporary cards are subject to the following conditions of use:

- The Reduced Fare Program card is valid only as long as you are disabled as described on your application. If at any time you are no longer disabled as described on your application, your eligibility for the Reduced Fare Program automatically ceases and you must return the card to Tulsa Transit.
- The Reduced Fare Program card can only be used by the person to whom it is issued and only in accordance with the program guidelines.
- Any violation of these conditions of use may result in a permanent revocation of your eligibility for the Reduced Fare Program.

MetroLink Tulsa Reduced Fare Program Application

Part I

(PRINT OR TYPE)

☐ New Applicant

☐ Renewal (ID # _____)

Applicant Name: _____

Street Address: _____

City: _____ State _____ Zip Code _____

Home Telephone: _____ Work Telephone: _____

Social Security Number _____ - _____ - _____ Birth date _____

If the application is completed by an advocate /personal representative of the applicant, this person must complete the following:

Name of Personal Representative: _____

Address: _____

Telephone Numbers: _____

Relationship to Applicant: _____

Application Eligibility

☐ I am age 62 or older (Apply at Denver Avenue Station)

If you qualify under one of the programs listed below, please sign and date the application and mail it to the address listed below the signature line. Be sure to include the required documentation.

☐ I am a veteran with a 10% disability (VA disability documentation required)

☐ I am a recipient of MEDICARE (Copy of valid Medicare Card required)

☐ I receive Supplemental Security Income (SSI) disability benefits from the Social Security Administration. (Copy of SSI award letter required)

☐ I receive Social Security Disability (SSD) through the Social Security Administration. (Copy of SSD award letter required)

If you do not qualify under one of the above categories have your Physician/Certifier complete the Medical Certification Form, Part II and attach it to your application:

☐ My application for reduced fare is based on one of the following disabilities (check all that apply):

☐ Blindness

☐ Hearing impairment

☐ Ambulatory disability

☐ Loss of both hands

☐ Mental retardation or other mental capacity impairment

Applicant Certification

My signature below verifies that I have read and understand all the Reduced Fare Program information, instructions, and conditions of use contained in this application. I affirm under penalty of perjury that all statements made by me on this application to my Certifier (physician or other licensed professional) who is named in this application, including all statements, if any, concerning my disabilities are true and complete.

I understand that Tulsa Transit will rely on the statements made by me and by any Certifier named in this application to determine my eligibility for the Reduced Fare Program, that such statements may be subject to investigation and verification, and that a material misstatement or fraud will disqualify me for reduced fare privileges.

I understand that Tulsa Transit may discontinue or change its Reduced Fare Program without notice. If Tulsa Transit determines that I have not adhered to the Reduced Fare Program conditions of use, I understand that my Reduced Fare Program card will be cancelled, and I will not be eligible to reapply for the Reduce Fare Program.

I understand that it is a crime to allow anyone else to use my Reduced Fare Program card or for me to continue to use the card if I am no longer disabled as defined by my Reduced Fare Program application.

Signature of Applicant or Personal Representative:

_____ Date: _____

Return Completed Application to:

Metropolitan Tulsa Transit Authority
Reduced Fare Program
510 S. Rockford Avenue
Tulsa, OK 74120

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Medical Certification Form

Part II

Must be completed by a Physician, Psychiatrist, Licensed Health Care Provider, or Qualified Mental Retardation Professional (QMRP).

I am familiar with the Applicant and have examined all applicable documentation (fully identified in the Applicant's Section of this application.) It is my professional opinion that he/she has an eligible disability within the meaning of the terms set forth in this document, as follows:

Check all that apply:

☐ **Blindness**

There is central visual acuity of 20/200 or less in both eyes with the use of correcting lenses. Each eye which, accompanied by limitation in the field of vision such that the widest diameter of the visual field subtends an angle of greater than 20 degrees, shall be considered as having central visual acuity of 20/200 or less.

☐ **Hearing Impairment**

With hearing aids, hearing in each ear is NOT restored to one of the following levels:

___ Average hearing threshold for air conduction of 90 decibels or greater and for bone conduction to corresponding maximum levels, determined by the simple average of hearing threshold levels at 500, 1,000, and 2,000 HZ

___ Speech discrimination scores of 40% or less in each ear

☐ **Ambulatory Disability/Disorder of Gait**

The applicant is unable¹ to move about without the use of the following aid: ___Wheelchair ___Stroller ___Cane ___Crutches ___Walker Other ambulation aid_____

☐ **Loss of Both Hands**

By reason of amputation or anatomical deformity, the person lacks both hands.

☐ **Mental Retardation and /or Other Mental Capacity Impairment
(certification must be by a Psychiatrist or QMRP)**

The scores specified below refer to those obtained on the W.A.I.S. Scores obtained on other standardized individually administered tests are acceptable, but the numerical values obtained must indicate a similar level of intellectual functioning:

___ This individual is mentally incapacitated such that he/she is dependent upon others for personal needs (e.g. toileting, eating, dressing, or bathing) and is unable to follow directions, such that the use of standardized measures of intellectual functioning is precluded.

___ Based on a valid verbal, performance, or full-scale IQ test, this individual has an IQ of 59 or less.

___ Based on a valid verbal, performance, or full-scale IQ test, this individual has an IQ of 60 to 70 and (a) is unable to perform routine repetitive tasks, or (b) has another mental capacity impairment that imposes additional and significant limitation of mobility or gait.

¹ The word "unable" is used in its literal sense. The fact that one of these mechanical aids facilitates movement is not sufficient.

I estimate that the duration of the applicant's eligible disability will be:

- ☐ Permanent (more than 12 months)
☐ Temporary (less than 12 months)

Physician/Certifier Information (PRINT OR TYPE)

Name of Physician/Certifier

Office Address Suite #: _____

City State Zip Code

Telephone () _____ Best time to call: _____

State Professional License Number: _____

Signature of Physician/Certifier

Date: _____

Physician/Certifier Letter

Please accompany this signed application with a letter on the physician/certifier's professional letterhead specifying what special facilities, planning, or design this patient requires in order to be able to utilize mass transportation facilities and services as effectively as persons who are not so affected. This letter is required for all disability applications.

The information on this form will be used solely for the purpose of determining eligibility for the Reduced Fare Program. Metropolitan Tulsa Transit Authority (MTTA) reserves the right to 1) verify the validity of the license of the health care professional providing this certification, 2) make the final determination of the applicant's eligibility for the Reduced Fare Program, 3) have the applicant submit to an examination by a health care professional selected by MTTA at a cost to MTTA, and 4) retain a copy of this application and professional certification.