



FARE DEAL APPLICATION

First	Last	(Middle)	Date of Birth		
		()			
Street	Apt#	City	State	Zip	Phone/Cell

Which of the Following Do You Identify With? (Check one box)

AGE 60 to 64 (senior):

You must present valid proof of age. See below instructions for acceptable identification.

MEDICARE:

You must present valid photo ID and your Medicare card. If you have a disability and do not have a Medicare card your medical professional may verify your eligibility (see page 2).

MEDICAID:

You must present valid photo ID and your Medicaid card. If you do not have a Medicaid card you may obtain eligibility through an Authorized Certifying Agency. For the name of an authorized agency Call TheRide at 734-973-6500.

INSTRUCTIONS TO RECEIVE YOUR FARE DEAL I.D. CARD:

- Submit your completed application in person to:
 - TheRide Main Office, 2700 S. Industrial Hwy, Ann Arbor, MI 48104
- Present one piece of acceptable valid government issued photo identification:
 - State ID • Driver's License • Passport • VA or Military ID • Washtenaw CountyID

Misrepresentation on this application or fraudulent use of the Fare Deal card will result in the revocation of reduced fare services.

For TheRide Use Only - VERIFICATION - For TheRide Use Only

IDENTIFICATION	MEDICAID CARD	MEDICARE CARD
<input type="checkbox"/> State ID	Confirmed	Confirmed
<input type="checkbox"/> Driver's License		
<input type="checkbox"/> Passport		
<input type="checkbox"/> VA or Military ID Card		
<input type="checkbox"/> Washtenaw Co. ID Card		
Issued By:	Date:	Exp Date:

COMPLETE THE SECTION BELOW IF YOU HAVE A DISABILITY AND DO NOT HAVE A MEDICARE CARD

I have a medically documented disability which makes it difficult for me to perform at least one of the following transit-related functions: (check appropriate box or boxes below)

- Getting on or off a TheRide regular bus.
- Standing in a moving TheRide regular bus.
- Reading information signs. Legal blindness of 20/200 with best possible correction is the minimum requirement.
- Hearing directions from the bus operator when requested. Averageloss of 30 decibels within speech frequencies in both ears with best possible correction is the minimum requirement.
- Understanding information signs and / or directions of the bus operator.

I understand this application must be signed by a medical professional that can certify the nature of my disability.

I swear that the above statements are correct to the best of my knowledge.

I understand that misrepresentations on this application or fraudulent use of my Fare Deal card will result in the revocation of this privilege.

Applicant Signature

Date

TO BE COMPLETED BY MEDICAL PROFESSIONAL

Certification for Fare Deal, A Regular Line Bus Reduced Fare Program

I certify that the above-named applicant has a disability which makes it difficult for them to perform the transit-related skill(s) I have indicated above.

Signature of Medical Professional

Date

Certification Number

Print Name

Phone/Cell