

Reduced Fare Eligibility Form

Official Use Only

Record # : _____

Eligibility

Criteria (select one or more):

- | | |
|---|---|
| <input type="checkbox"/> Youth age 18 and under | <input type="checkbox"/> Current member or veteran of U.S. Military |
| <input type="checkbox"/> Senior Citizen age 60 and over | <input type="checkbox"/> Law enforcement or emergency responder |
| <input type="checkbox"/> Disabled Person | <input type="checkbox"/> TANF, EBT, or other Oregon DHS beneficiary |
| <input type="checkbox"/> Current K-12, college, or university student | |

Proof of Eligibility (minimum of 1, see instructions):

- | | |
|--|--|
| <input type="checkbox"/> Government issued photo ID | <input type="checkbox"/> Letter from medical doctor |
| <input type="checkbox"/> Current student ID with photo | <input type="checkbox"/> Current military service letter |
| <input type="checkbox"/> Medicare Beneficiary Card | <input type="checkbox"/> Pay stub from military, EMT, or police department |
| <input type="checkbox"/> Proof of SSI or SSDI | <input type="checkbox"/> Veterans Affairs benefits award letter |
| <input type="checkbox"/> DHS benefits award letter | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Current college records | |

Supporting Evidence (optional):

* Note: Other evidence subject to review by Applegate Transit staff.

Office Use Only

Record # : _____

Your name, email, and mailing address:

Name: _____

Street: _____

City: _____ State: _____ ZIP Code: _____

Email Address (optional): _____

Terms and Conditions

I attest that the information stated on this form is true to the best of my knowledge pursuant to 18 U.S.C. §1001. I also attest that I did provide evidence of my eligibility for reduced fare. I authorize Applegate Valley Transportation District to use this information for the sole purposes of evaluating and recording my eligibility for reduced fare, and that in providing this information that Applegate Valley Transportation District may retain this form and supporting documentation for a maximum of ten (10) years after my signing.

I understand that this form requests eligibility for reduced fare. I understand and agree that Applegate Transit may contact me for additional information in supporting my request for reduced fare, and, upon receipt of such enquiry, agree to furnish this information or terminate this request. I also understand and agree that the authority to decide eligibility for reduced fare lies the Applegate Valley Transportation District alone.

By signing below, I agree to the above terms and conditions:

Signature: _____ Date: _____

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Received by: _____ Date received: _____

Evaluated by: _____ Date evaluated: _____

Eligible for reduced fare? Yes No

Eligibility expiration date: _____

Form Instructions

1. Check all boxes corresponding to your eligibility criteria.
2. Check at least one box which corresponding to your proof of eligibility:
 - i. Youths or senior citizens may provide a current government issued ID with birth date.
 - ii. Disabled persons may provide either proof of Supplemental Security Income (SSI), Social Security Disability Income (SSDI), or a letter from a medical doctor.
 - iii. Students may provide either a current student ID with a photo or any current school registration record, transcript, or registration fee receipt.
 - iv. Current military members, law enforcement, and emergency response personnel, may provide their badge number, a pay stub, or a letter of employment from their respective agency.
 - v. Veterans may provide their VA benefit award letter from Veterans Affairs.
3. Provide photocopies of any items checked in Step 2.
4. Fill in your name and mailing address. Please print clearly. Your statement of eligibility will be mailed to this address.
5. Review the terms and conditions then sign and date this form.
6. Mail, fax, or return this form minus this instruction page to:

Applegate Transit
Attn. Reduced Fare
18363 Hwy. 238
Applegate, OR 97530

(OR)

Applegate Transit
Attn. Reduced Fare
Fax: (541) 846-2878