



Fixed Route Reduced Fare Program

PLEASE PRINT OR TYPE ALL INFORMATION. INCOMPLETE APPLICATIONS WILL BE RETURNED TO SENDER.

Reduced fare cardholders qualify for a reduced fare of 50¢ (one way) on Howard Transit fixed route buses (during normal operating hours).

- To obtain a Reduced Fare Identification Card for a Senior Citizen, complete Part A only and submit proof of age with this application (photocopy of driver's license, passport, or other ID). Anyone age 60 or older can apply for a senior discount.
- To obtain a Reduced Fare Identification Card for a Person with a Disability, complete Part A and **your physician or health care provider must complete Part B.**

PART A

Date of Application: _____ Social Security Number*: _____

Name: _____

Address: _____

City and State: _____ County _____ Zip Code: _____

Telephone: (____) _____ Sex: M F Date of Birth: _____

Signature of Applicant: _____

* Disclosure of social security number is voluntary (Privacy Act of 1974); it is used solely to identify the applicant.

PART B

A physician or health care provider's certification attesting that the applicant's condition conforms with the eligibility criteria listed on the reverse side of this application is required before an application can be approved.

Physician Certification

I certify that I have read the criteria for disabled eligibility (on the reverse side of this form), and I further certify that the person whose name appears in Part A of this form possesses a disability which conforms with that criteria. Client's disability is ___ permanent ___ temporary*

*If temporary, indicate probable duration of disability: Temp. disability will extend from _____ to _____

Description of Patient Disability (please be specific): _____ (date) _____ (date)

Name of Physician: _____

Physician's Signature: _____

Street Address (Office): _____

City and State: _____ Zip Code: _____

Telephone: (____) _____ Fax (____) _____

If you have any questions about this application, please contact CTC Customer Service at 800-270-9553.

RETURN COMPLETED APPLICATION TO:

CTC (attn: Customer Service)
312 Marshall Ave, Suite 104
Laurel, MD 20707-4824
(Your card will be mailed to you.)

CTC INTERNAL USE ONLY	
Approved by: _____	Date: _____
Senior <input type="checkbox"/>	Disabled <input type="checkbox"/>

Dear Physician or Health Care Provider:

In your effort to determine whether your client meets the requirements established for disabled certification, please use the following criteria as a guide:

“Person with a disability” means:

Any person who (a) has a physical or mental impairment that substantially limits one or more major life activities, (b) has a record of such impairment, or (c) is regarded as having such an impairment.

A physical or mental impairment means:

i) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs, cardiovascular, reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine.

ii) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, diseases and conditions as orthopedic, visual, speech and hearing impairment; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis; cancer, heart disease; mental retardation; emotional illness; drug addiction; and alcoholism.

(b) “Major Life Activity” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

(c) “Has a record of such impairment” means a history of, or has been classified, or misclassified, as having a mental or physical impairment that substantially limits one or more major life activities.

(d) “Is regarded as having an impairment” means:

(1) Has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation.

(2) Has a physical or mental impairment that substantially limits major life activity only as a result of the attitudes of others toward such an impairment; or,

(3) Has none of the impairments set forth in paragraph (1) of this definition, but is treated by a recipient as having such impairment.