marta | METROPOLITAN ATLANTA RAPID TRANSIT AUTHORITY

REDUCED FARE CARD - HEALTH CARE PROVIDER CERTIFICATION OF ELIGIBILITY

For Persons With A Mental/Physical Disability

Reduced Fare Office Locations

Five Points Station
(Forsyth Street side)
30 Alabama Street
Atlanta,Georgia 30303
Monday-Friday 9:00am-4:00pm

MARTA Headquarters Building
(across from Lindbergh Center Station)
2424 Piedmont Road, NE
Atlanta, Georgia 30324
Monday-Friday 9:00am-4:00pm

Office # : 404-848-5112

For Official MARTA Use Only

Issuer:	
Date:	
Location:	**Type:** PP PT MP MT
Driver's License/State ID	**Passport #**
Breeze Card Number	

Individual Requiring Certification

Last Name **First Name** **MI**

Street Number **Name of Street** **Apt. Number**

City **State** **Zip Code**

Date of Birth
Month **Day** **Year**

SSN last 5 digits

Please Check [ ] Mobile [ ] Home or [ ] Other
Area Code **Phone Number**

( ) -

Email Address

Customer, Please Note:

a) For Senior Citizens, age 65 or older, **DO NOT** complete the Health Care Provider form. Provide proof of age and identity in person.
b) Processing time varies (1 - 5 business days), depending on verification of information contained herein.
c) Completed application must be submitted to the Reduced Fare office in person, within 30 days of provider's original signature and date.

BREEZE CARD AFFIDAVIT

I agree to the following conditions regarding use of Reduced Fare Breeze Cards:

1**. NOT TRANSFERABLE:** This card is not transferable and if presented by any person other than to whom it is issued, MARTA will confiscate the card. If a card has been confiscated due to usage by any unauthorized party, MARTA has the right not to issue a replacement card.

2. PROPERTY OF MARTA: This Reduced Fare Breeze card is the property of MARTA, and **MUST** be presented upon use when boarding a MARTA bus or entering a MARTA rail station. Also please be advised that this card must be surrendered upon request by a MARTA official.

3. APPLICABILITY OF REDUCED FARE: The elderly/disabled/Medicare reduced fare is applicable to all regular fixed route services, except E-Bus and Paratransit Services.

4. LOST OR STOLEN CARDS: Reduced Fare Breeze cards are issued free. However, a replacement fee will be charged for each lost or stolen card. MARTA reserves the right to limit the number of replacements.

5. DEFACED /DAMAGED CARDS: Photos that are faded, numbers missing or scratched off will be considered invalid and subject to confiscation. Cards **MUST** be turned in immediately for a replacement at no cost . It is your responsibility to maintain the Breeze Card in good, useable condition.

Applicant's Release- I hereby authorize the designated HealthCare Provider to release any information necessary to complete this certification. I understand that this information is confidential and shall not be realeased without my approval or a court order. I understand that MARTA has the right and opportunity to verify my eligibility for a MARTA Reduced Fare Card. I understand that if any of the statements made on this application form are false or inaccurate, I will lose the privileges granted by the Reduced Fare Card and be subject to criminal prosecution in accordance with Georgia State Law for fraud (O.C.G.A. 16-10-20)

Signature of Applicant: _____ **Date:** _____

(Signature of Parent or Guardian, if the applicant is a minor - 17 yrs old and under)

This Section to Be Completed by an Approved Health Care Provider:

Signatures of Health Care Providers other than these are not acceptable:

Georgia State Licensed: Physician (M.D.)**~** Psychiatrist**~**Psychologist (Ph.D.)**~**Audiologist certified by the American Speech, Language and Hearing Association**~**Physician's Assistant (P.A.)**~**Advanced Registered Nurse Practitioner (A.R.N.P.)~Optometrist

Please adhere to the following program guidelines:

1. The applicant must meet at least one of the conditions listed on the **Eligibility Guidelines** page for Reduced Fare. **(Page 3)**
2. The specific category number and type **(See Page 3)** must be noted in the space provided.
3. The applicant's enrollment in a drug or alchohol rehabilitation program **DOES NOT** meet program eligibility requirements.
4. The applicant's financial situation has **NO** bearing on eligibility.

Applicant: Last Name_____**First Name**_____**DOB**_____

Please select the appropriate disability category from the Eligibility Guidelines page and notate in the space provided below.

Category # ☐☐ if category # is 5,6,10,11 or 12 please give a specific diagnosis: _____

Catergory Type: _____ **Condition (Check One):** **Temp** ☐ **Perm** ☐

If disability is temporary, please specify length of disability: _____ **Months.**

Certification by an Approved Health Care Facility / Provider (Please Print) *No Photocopies will be accepted.*

Name of Health Care Facility: _____

Name of Provider: _____ **Phone No:** _____

Provider Address: _____

State License No: _____

_____ _____

Signature of Provider **Date**

I certify that the above named individual meets the Eligibility Criteria that is listed in the guidelines for MARTA'S Reduced Fare Program (page 3). I understand that if any statements on this application form are false or inaccurate, I will be subject to criminal prosecution in accordance with Georgia State Law for fraud. (O.C.G.A. 16-10-20)

For Official MARTA Use Only

Approval ☐

Denied ☐ **Reason for Denial:** _____

_____ _____

Signature **Date**

Eligibility Guidelines for the MARTA Reduced Fare Program

Note: These guidelines are not intended to be inclusive of all disability types. However, the following categories and descriptions are provided to the health care provider as examples of generally accepted guidelines within the transit industry in interpretation of the Federal Transit Administration's (FTA) definition of disabilities for persons seeking to participate in a transit agency's half fare program.

Persons with disabilities are defined by FTA as persons "who by reason of illness, injury, age, congenital malfunction, or other incapacity or temporary or permanent disability (including any individual who is a wheelchair user or has semi-ambulatory capabilities), cannot use effectively, without special facilities, planning, or design, mass transportation service or a mass transportation facility." 49 CFR Ch. VI (10-1-12 Edition) Pt 609, APP A

PLEASE SELECT ONE OF THE FOLLOWING CATEGORIES:

1 NON-ABULATORY:

An individual is unable to walk and requires the use of a wheelchair or other mobility device

2 SEMI-AMBULATORY:

An individual has a chronic condition which substantially limits the ability to walk, or is unable to walk without the use of a caliper leg brace, walker or crutches.

3 AMPUTATION:

An individual has an amputation of one or both hands, arms, feet or legs

4 STROKE:

An individual has substantial functional motor deficits in any of two extremities, loss of balance and/or cognitive impairments three months post stroke.

5 NEUROLOGICAL CONDITIONS OTHER THAN STROKE:

An individual has difficulty with coordination, communication, social interaction and/or perception from a brain, spinal or peripheral nerve injury or illness, has functional motor deficits, or suffers manifestations that significantly reduce mobility.

6 PULMONARY OR CARDIAC CONDITIONS:

An individual has a pulmonary or cardiac condition resulting in marked limitation of physical functioning and dyspnea during activities such as climbing steps and/or walking a short distance. If diagnosis is asthma, please state whether: a) individual has been on systemic medication for the immediate past six months. OT b) individual has been required to use fast acting inhaler for three or more episodes per week for immediate past six months.

7 VISUALLY IMPAIRED:

An individual is legally blind, whose visual acuity in the better eye, with correction, is 20/200 or less, or who has tunnel vision to 10 degrees or less from a point of fixation or so the widest diameter subtends an angle no greater than 20 degrees. An individual has low vision, and whose visual acuity is in the range of 20/70 to 20/200 with best correction.

8 DEAF OR HARD OF HEARING:

An individual with a pure tone average greater than 70 dB in both ears, regardless of use of hearing aids.

9 EPILEPSY:

An individual has had at least one tonic-clinic seizure with the past four months.

10 DEVELOPMENTAL OR LEARNING DISABILITIES:

An individual has a significant learning, perceptual and/or cognitive disability. Some conditions are excluded from eligibility such as attention deficit disorder (ADD) and ADHD.

11 MENTAL ILLNESS:

An individual whose mental illness includes a substantial disorder of thought, perception, orientation, or memory that impairs judgement and behavior.

12 CHRONIC PROGRESSIVE DEBILITATING CONDITIONS:

An individual who experiences debilitating diseases, autoimmune deficiencies or progressive and uncontrollable malignancies. Any of which are characterized by fatigue, weakness, pain and/or changes in mental status that impair mobility.