



RTC RIDE REDUCED FARE PROGRAM FOR PERSONS WITH DISABILITIES

RTC RIDE offers a reduced fare program to all persons who have a documented disability that functionally limits their ability to ride RTC RIDE transit buses. Eligible persons meet the Federal Transit Administration's (FTA) definition of disabled if "any individual who, by reason of illness, injury, age, congenital malfunction or other permanent or temporary disability are unable, without special facilities or special planning or design, to utilize mass transportation and services as effectively as persons who are not so affected." Economic need does not qualify.

To enroll in the RTC RIDE reduced fare program for persons with disabilities:

1. Complete Part 1 of the attached application.
2. Take the application, your photo ID and Proof of Eligibility to an ID Card Location listed below. "Proof of Eligibility" is a Medicare card, a current disabled ID card from another transit or paratransit service, or current SSI, SSD or SSDI eligibility document.
3. If RTC RIDE approves your application, your photo will be taken and you will be issued a photo RTC RIDE Disabled ID card.
4. If you do not have one of the Proof of Eligibility items listed above, the certification section of this form (Part 2) must be completed by:
 - ✓ a clinical social worker of one of the authorizing agencies listed in this packet; or
 - ✓ a health care professional (physician, psychiatrist, etc.); or
 - ✓ a Washoe County School District Special Education teacher.

The nature of your disability and medical information will remain confidential.

5. Upon submitting your application, RTC will take your photo for our records. Your application will be reviewed and if approved, a photo ID will be mailed to you within seven (7) business days.

The RTC Disabled **ID card must be shown to the RTC RIDE coach operator each time you board the bus as proof that you are eligible for the reduced fare.** The card and application process are free. Your ID card will be either "Temporary" or "Renewable". A Renewable card applies to a permanent disability and will be valid for five years. A Temporary card will be valid for the length of time indicated in Part 2 of the application by your certifying professional.

ID CARD LOCATIONS

- **RTC 4th Street Station Passenger Services booth, downtown Reno at 4th and Lake St**
- **RTC Administration Offices at 2050 Villanova Drive in Reno**
- **RTC / RTC ACCESS facility at 600 Sutro Street (6th and Sutro) in Reno**

ID Cards are issued for free; replacement cards are \$5.00 each.

Authorizing Agencies

Nevada Mental Health Institute (NMHI) **775.688.2001**
480 Galletti Way
Sparks, NV 89431

**Nevada State Bureau of Services
to the Blind and Visually Impaired (BSBVI)** **775.688.1450**
1325 Corporate Blvd
Reno, NV 89502

Nevada State Bureau of Vocational Rehabilitation **775.688.1480**
1325 Corporate Blvd
Reno, NV 89502

Northern Nevada HOPES (HIV and AIDS only) **775.348.2893**
467 Ralston St
Reno, NV 89503

Reno VA Medical Center **775.786.7200**
1000 Locust St
Reno, NV 89502

Sierra Regional Center (SRC) **775.688.1930**
605 S 21st St
Sparks, NV 89431

Washoe County School District **775.348.0269**
Special Education
425 E Ninth St
Reno, NV 89512

Washoe County Social Services **775.328.2300**
Health and Welfare Dept
1001 E Ninth St
Reno, NV 89512

Northern Nevada Center for Independent Living **775.353.3599**
999 Pyramid Way
Sparks, NV 89431

RTC RIDE Disabled Identification Card Application Form

Please print or type using black or blue ink. No photocopies of completed forms will be accepted.

Part 1 (to be completed by Applicant)

_____ X _____
 Last Name First Name MI Applicant Signature

_____ _____ _____ _____
 Address City State Zip Code

_____ _____ _____
 Today's Date Date of Birth Telephone Number

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Part 2 This section must be completed by a physician, psychiatrist, or other health care professional or clinical social worker from an Authorizing Agency. Part 2 includes answering the questions on the back of this page.

Do not complete Part 2 if Applicant has a current Disabled ID card from another transit or paratransit service, a Medicare card, or proof of current SSI, SSD or SSDI eligibility. These are Proof of Eligibility.

Medical Professional or Agency Name		Telephone Number	
Mailing Address		City	State
			Zip code

Part 3 (RTC RIDE Office Use Only)

		X _____
RTC RIDE ID Number	Date Issued	Authorizing Signature
Expiration/Renewal Date	Documentation Type / Authorizing Agency	

Part 2 Continued – Types of Functional Limitations

RTC RIDE Disabled ID cards are intended only for persons who have functional limitations that impair their ability to use RTC RIDE buses. Economic need does not qualify. Please indicate the type(s) of limitation that impairs this Applicant's ability to use RTC RIDE buses (check all that apply):

- This person cannot negotiate a flight of stairs with ease or reasonable speed.
- This person cannot board or leave a transit vehicle with ease or reasonable speed.
- This person cannot stand without major support in a moving vehicle operating under normal acceleration and deceleration.
- Due to uncorrectable visual impairment, this person cannot read transit vehicle identifications or identify transit stops.
- Due to uncorrectable hearing impairment, this person cannot hear verbal announcements or transit information through either direct person or electronic communication.
- For valid medical reasons, this individual needs the aid of a cane, crutches or other mechanical device to assist him or her in moving about.
- Due to physical, cognitive or mental health conditions, this person cannot use public transit without the help of another person or special training.

This portion must be completed. This person's functional limitation can generally be described as:

Duration of Functional Limitation(s): _____

I certify that the statements contained herein are true and that the individual named in this document is receiving treatment/services from me/this agency.

Printed Name of Health Care Professional or Authorizing Agent

X _____
Signature of Health Care Professional or Authorizing Agent

Date