

Ashland Public Transit  
Applications for Reduced Elderly & Disabled Fare

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

In order to qualify for the E/D fare the applicant must be at least 65 years old or have a disability that limits their mobility or self-care. Please check an X by the one that applies to the applicant. **WE MUST HAVE A COPY OF PROOF OF AGE OR YOUR DISABILITY, IF YOU DON'T HAVE PROOF OF DISABILITY, HAVE YOUR PHYSICIAN FILL OUT THE LOWER HALF OF THIS FORM.**

\_\_\_\_\_ ELDERLY – Must be at least 65 years old. Please provide proof of age such as a copy of a driver's license, birth certificate, etc.

\_\_\_\_\_ DISABLED – With a mobility or Self-Care Limitation. Please provide proof of disability such as a copy of SSI award letter or SS disability award letter, or have the following Statement Of Disability completed by a licensed or certified Physician, Health Care, or Rehabilitation Professional.

**STATEMENT OF DISABILITY (Must be filled out by your Physician)**

**I hereby certify that the above applicant is disabled.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Physician's Name) Please Print (Physician's Title)

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Phone Number of Physician:** \_\_\_\_\_

Is their Disability temporary: \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, expected duration until what date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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