

Reduced Fare Program

Signature_____

Delaware Area Transit Agency Delaware, Ohio 43015 740-363-3355

Fax number 740-362-7603

Delaware Area Trai	nsit Agency	This section is to b	e comple	eted by th	e applicant
Name					_
Address					_
City	State	Zip			
Phone Number ()	Date of Birth _			_
You may mail or bring i Delaware Ohio 43015 o	•	• •	DATA Bus	s 119 Hen	derson Ct.
Do you receive V.A.	/Social Security Dis	sability?	Yes	No	
Are you a Medicare Card holder?			Yes	No	
If yes, STOP this for provide a current V.		·		•	-
If No, read the follo complete the back p		e this form and h	nave yo	ur physio	cian
I certify that the aboapproved, I will be in expiration date on the present my card to DATA employees are unauthorized mannal medical information.	ssued an identifica he card. I agree no the Bus Operator v e authorized to co er. By signing this f	tion card to use of to lend my car when paying my nfiscate my I.D. (form I further au	until the d to any fare. I a Card if i	e indicat yone. I a Ilso unde t is used	ted gree to erstand that in an

This section is to be completed by a licensed medical professional. If this section	n
is not properly completed, a Reduced Fare Card will not be issued.	

Nature of disability: Physical	Psychological	Developmental	
Disability:			
Brief explanation:			
Is condition temporary?		No	
If Yes, anticipated duration:			
Disability significantly affects a functions:		to perform the following	
	, the above name	nd experience, and based upon a applicant is eligible to participate	
with the purpose of misleading	g a public official o	or to secure payment of benefits tion 2921.13 O.R.C.	
CERTIFIED BY:			
Name	Ohio License Number		
Title	Agency		
Address	City Zip		