

PATCO'S REDUCED FARE PROGRAM ELIGIBILITY CRITERIA WITH INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Section A, Eligibility: Only those people whose age or physical challenges comply with or exceed the requirements set forth herein shall be eligible for PATCO's Reduced Fare Program.

- ◆ **Medicare Card Holders:** If you have a Medicare card, you are eligible to apply.
- ◆ **Seniors:** Persons sixty-five (65) years old or older. You may apply any time during or after the month in which your 65th birthday occurs. You must bring proof of age with you when you come in to be photographed (see application on reverse side).
- ◆ **Special Needs/Physically Challenged:** Any individual 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. To qualify, you may show your Medicare Card issued for your disability. If you do not possess a Medicare card, please have your personal physician complete Section B of this application and return the application to PATCO. The physician must be a licensed practicing physician. Reduced Fare Program eligibility status may be limited by the nature and type of disability.

NOTE: All PATCO customers must be able to negotiate all parts of the PATCO system (including stairways and escalators) by themselves, or with self-provided assistance, as PATCO is unable to provide physical assistance.

Section B, Certificate or Document as Proof of Eligibility: Any applicant shall furnish proof of eligibility satisfactory to PATCO before being certified to participate in the Reduced Fare Program. Said proof shall consist of a **Medicare card and proof of identity** or the following:

- ◆ **Seniors:** Driver's License or other official document establishing date of birth.
- ◆ **For the Physically Challenged:** Certificate signed by a currently licensed and practicing physician describing and certifying the degree of disability and that said disability significantly impairs said applicant's ability to use public mass transportation. (This Certificate is not required if applicant has a valid Medicare card.)
- ◆ PATCO reserves the right to require applicant to supply further proof of eligibility (e.g., proof of identity).

Section C, FREEDOM Card: Eligible passengers will be issued a PATCO photo ID FREEDOM Smart Card. An applicant for the Reduced Fare Program must appear in person at the FREEDOM Service Center to be photographed. FREEDOM is a stored value fare system, and an initial value of \$20 must be prepaid to activate the RFP FREEDOM card. This \$20 payment is solely for transit fares; there is no fee for the initial RFP FREEDOM card itself. If a FREEDOM card is lost, balance protection is available from the moment of notification to PATCO. However, replacement of a lost or damaged card will result in a \$5 charge to the customer. The charge for a full fare card is \$5.

The RFP FREEDOM Card shall be presented upon demand to any PATCO employee to establish identity of the individual as a legitimate RFP customer. The RFP FREEDOM Card may be used only by the RFP member and is **not transferable**.

Section D, Reduced Fare Rate: The reduced fare shall be one-half the least expensive zonal fare published for interstate travel on PATCO. This reduced fare is available for off-peak travel **ONLY**.

To receive a FREEDOM RFP Card, applicant must come to the PATCO FREEDOM Service Center, Walter Rand Transportation Center (PATCO's Broadway Station), 100 South Broadway, Camden, New Jersey 08103. Service Center hours are 7 a.m. to 7 p.m. on weekdays.

PORT AUTHORITY TRANSIT CORPORATION
REDUCED FARE PROGRAM APPLICATION

All applicants are to complete this application and sign it as verification of its accuracy. Please type or print clearly.

The PATCO Reduced Fare Program (RFP) is designed for those people who are 65 years of age or older or have a physical disability. The eligibility criteria and instructions for completing this application are explained on the reverse side of this application. If you do not have a Medicare card and choose to mail this completed application, including Physician's certification, to PATCO, address it to PATCO FREEDOM Service Center, Walter Rand Transportation Center, 100 South Broadway, Camden, New Jersey 08103. You will be notified if your application is approved.

A. TO BE COMPLETED BY ALL APPLICANTS

Name _____
(First) (Middle Initial) (Last)

Address _____
(No. & Street)

_____ (City) (State) (Zip)

Telephone No. _____ Sex _____

Signature _____

B. TO BE COMPLETED ONLY BY THE PHYSICIAN OF THOSE APPLICANTS WHO QUALIFY BECAUSE OF PHYSICAL DISABILITIES BUT DO NOT HAVE A MEDICARE CARD. To qualify, disability must significantly impair applicant's ability to use public mass transportation - **See reverse side of this application.**

Name of Physician _____

Address _____

Licensing Identification _____ Telephone No. _____

Description of Applicant's Disability _____

Anticipated Duration of Disability _____

Office Use Only Date _____ Employee _____

TO BE COMPLETED BY PATCO upon presentation of proof of eligibility by those applicants who qualify because of age or Medicare status. (**This is a check-off process** – Social Security numbers are NOT to be recorded on this form.)

Driver's License _____ Medicare Card _____

Birth Certificate _____ (65 years of age) Other (Please state) _____