



## **Reduced Bus Fare Card Application for a Person with a Disability under the age of 60**

Provides reduced bus fare for Rockland County residents with disabilities who are under the age of 60. Reduced fare applies to Transport of Rockland (TOR), Hudson Link, Clarkstown Mini Trans and Coach USA Rockland Coaches (Red & Tan Lines) bus service within Rockland County. It is not valid for TRIPS paratransit bus service. For information about TRIPS service eligibility, please call (845) 364-TRIP (8747). (Residents 60 and over must complete the application for Seniors. Call (845) 364-2064 for details.)

**THIS PAGE IS TO BE COMPLETED BY THE APPLICANT**

Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone # \_\_\_\_\_

Street (or PO Box) \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_



Check here if you are:

- Over 18 years of age with a Medicare Card, or
- An SSI/SSID recipient
- Veteran

If you meet any of the above criteria, simply bring this application with a driver's license or State issued photo ID and proof of Medicare or SSI/SSID coverage or Veteran ID (if applicable) and \$2 fee to the Rockland County Department of Public Transportation (50 Sanatorium Road, Building T, Pomona, NY 10970) to obtain your Reduced Fare Card.

If you DO NOT meet any of the criteria above, please sign the Release Authorization on page 2 and have your physician or Certified Program representative complete the appropriate box so that your eligibility for the Rockland County reduced bus fare card can be certified. Below is a list of eligible Certified Programs:

- Alzheimer's Association, (800) 272-3900, contact person: Debra Kagan-Kirkeland
- ARC of Rockland, (845) 267-2500 ext. 3301, contact person: Kathy Canter
- Camp Venture, (845) 947-2776, contact person: Vanessa Eybers/Mike Emsworth
- Department of Mental Health, (845) 364-2374, contact: Selina Williams/Latrice Martin
- Jawonio, Inc., (845) 906-9697, contact person: Susan Mackay
- Mental Health Association, (845) 267-2172 Lana Rumore ext. 255/ Alyssa Cole ext. 286
- BRIDGES, (845) 624-1366 ext. 128, contact person: Nicole Sirignano

If you belong to one of the programs below, please have your Program Director complete the appropriate box on page 2. Bring completed form to the **Department of Mental Health (Bldg. F)** to receive your Reduced Fare Card release certificate. You need to bring that certificate to Bldg. T along with \$2.00 to receive your photo ID.

1) Pomona Clinic 2) Lexington Center for Recovery 3) Roca Soca (Rockland Psychiatric Center) 4) Open Arms

If you are not affiliated with a program listed above but qualify due to a disability, please have your physician complete page 2. Once form is completed, contact BRIDGES at (845) 624-1366.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Authorization to Release Information: I authorize my Doctor or other certifying professional to release information to establish my eligibility for the Rockland County Reduced Bus Fare Card.**

**Name (print)** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**THIS PAGE IS TO BE COMPLETED BY A PHYSICIAN OR CERTIFIED PROGRAM**

**CERTIFICATION OF ELIGIBILITY**

**Persons eligible for a Rockland County Reduced Bus Fare Card must meet one or more of the categories on the following list. Please check all categories that apply to the applicant, as appropriate:**

- ☐ **Individuals with Intellectual and Developmental Disabilities such as Cerebral Palsy, Epilepsy, Neurological Impairment or Autism.**
- ☐ **Individuals with Substance Abuse Disability currently attending a certified rehabilitation program.**
- ☐ **Individuals with severe and persistent Mental Illness.**
- ☐ **Individuals with Hearing Impairments with a loss of 90 DBA or greater in the 500, 1000, 2000 HZ ranges.**
- ☐ **Individuals with Visual Impairments whose vision in the better eye after correction is 20/200 or less, and whose visual field is restricted to 10 degrees or less from a point of fixation, or so the widest diameter subtends an angle no greater than 20 degrees.**
- ☐ **Individuals with Pulmonary, Neurological, Cardiac, Orthopedic or other disability as certified by their medical doctor.**
- ☐ **Individuals who are mobility-impaired but who can use fixed-route public transportation (with or without assistive devices).**

**PHYSICIAN CERTIFICATION (to be completed by a licensed physician only)**

**Is above condition permanent? Yes** ☐ **No** ☐ **If no, please indicate expiration date:** \_\_\_\_\_

**Name (print)** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Office Address** \_\_\_\_\_

**License #** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PROGRAM DIRECTOR OR DESIGNEE CERTIFICATION**

**Is above condition permanent ? Yes** ☐ **No** ☐ **If no, please indicate expiration date:** \_\_\_\_\_

**Name (print)** \_\_\_\_\_ **Title** \_\_\_\_\_

**Program** \_\_\_\_\_ **Address** \_\_\_\_\_

**Phone Number :** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant: Please bring your release certificate from a certified program to the Rockland County Department of Public Transportation located at 50 Sanatorium Rd., Bldg. T, Pomona, NY 10970 on weekdays between 9:00 a.m. and 5:00 p.m. For further information or direction, please call 845-364-2064.**