



## Reduced Fare Program

Delaware Area Transit Agency

Delaware, Ohio 43015

740-363-3355

Fax number 740-362-7603

**Delaware Area Transit Agency**

This section is to be completed by the applicant

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

You may mail or bring in person the completed application to: DATA Bus 119 Henderson Ct. Delaware Ohio 43015 or by fax 740-362-7603.

Do you receive V.A./Social Security Disability? **Yes No**

Are you a Medicare Card holder? **Yes No**

**If yes, STOP** this form **does not** have to be completed by a physician if you provide a current V.A./Social Security Disability award letter or Medicare Card.

**If No**, read the following, sign and date this form and have your physician complete the back portion.

I certify that the above information is true. I understand that if this application is approved, I will be issued an identification card to use until the indicated expiration date on the card. I agree not to lend my card to anyone. I agree to present my card to the Bus Operator when paying my fare. I also understand that DATA employees are authorized to confiscate my I.D. Card if it is used in an unauthorized manner. By signing this form I further authorize the release of medical information by the certifying professional.

Signature \_\_\_\_\_

Date \_\_\_\_\_

