



# Reduced Fare Transit Photo ID Card Application

**Program for Senior Citizens (65 years or older) or  
Persons with a Qualifying Disability**

**A Service of the Connecticut Department of Transportation**

Senior citizens (65 years +) and persons with a qualifying disability can travel for a reduced fare at any time on CTtransit and all other bus systems operating under contract to the CTDOT. Connecticut state-subsidized bus services:

- Greater Bridgeport Transit (gbt)
- Estuary Transit District d.b.a. 9 Town Transit
- Housatonic Area Regional Transit (HART)
- Middletown Transit District (MAT)
- Milford Transit District
- Northeastern Connecticut Transit District
- Northwestern Connecticut Transit District
- Norwalk Transit District
- Southeast Area Transit District (SEAT)
- Windham Region Transit District (WRTD)
- CTtransit local & express
- CTfastrak
- I-Bus Express

Reduced fares also apply to one-way tickets for Shore Line East, Hartford Line, the Metro-North New Haven Line and the Danbury, New Canaan, and Waterbury branch trains except westbound morning peak hour trains. Metro-North Peak fares apply to weekday trains that arrive in Grand Central Terminal (GCT) between 5 AM and 10 AM.

Senior Citizens: If you have a Medicare card, you are entitled to ride for a reduced fare. Simply show your Medicare card to the operator when you board the bus. Your local transit provider is required to accept the Medicare card for a half fare.

**All Applicants:** Complete EITHER the Senior Citizen Application OR the Persons with Disability Application. If you have a temporary Reduced Fare Transit ID that has expired, complete the application for Persons with Disability Application and resubmit.

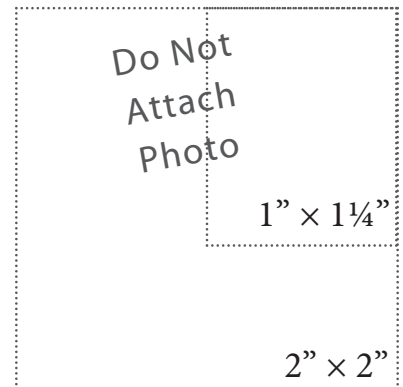
**INCLUDE** with the completed application:

- Your photo with your name printed on back.
- Check with signers address imprinted on it or money order payable to CTtransit. NOTE: There is an application charge of \$5.00 to issue a first photo I.D. card. If lost, stolen or damaged, a replacement card may be obtained with a processing fee of \$10.00. Do NOT send cash.
- Copies of documents certifying eligibility (see applications for list of accepted documents.) Applicants may redact Social Security number.

**MAIL TO:**

CTtransit  
Attn: Reduced Fare Transit ID Program  
PO Box 66  
Hartford, CT 06141-0066

**Photo (required) Guidelines**



- Current full-face color photo only (top of head and bottom of chin must show)
- Photo size 2" x 2" or 1" x 1 1/4"
- No hats or sunglasses in photo
- Photo must be in focus

**Call (860) 522-8101, ext 288 with questions about this application. Persons having a hearing and/or speech disability may dial 711 for Telecommunications Relay Service (TRS).**



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## Definition of “Disabled”; Entitlement to Identification Card

Federal and state authorities have established the following criteria for the purpose of defining individuals who are entitled to reduced transit fares on the basis of disability. A Reduced Fare Transit Photo I.D. will be issued to an individual who meets one or more of the following criteria:

**Vision Impairment** If the person has a central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having central visual acuity of 20/200 or less.

**Hearing Impairment** If there is no air or bone conduction whatsoever in both ears; or if hearing is so impaired that notwithstanding the use of hearing aids the person is incapable of hearing sound below 80 decibels at 2,000 cycles per sound, as verified by audiometric testing.

**Ambulatory** (1) If from whatever cause, the person is unable to move about without a “walker,” a wheelchair, crutch(es) or a cane, and if the condition is expected to continue for more than one year from the date of application. The word “unable” is used in its literal sense. The fact that one of these mechanical aids facilitates movement is not sufficient. The applicant must be incapable of moving about, except for extremely short distances, without use of the aid.  
Or (2) If the person has an obvious and serious disorder of gait which substantially interferes with the use of mass transportation.

**Loss of Arms or Hands** If by reason of amputation or anatomical deformity the person lacks two arms or two hands.

**Other** If the person has any other disability which would fall within the following Federal Transit Administration definition: Elderly and handicapped persons means those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected.

**Temporary** A mobility impairment lasting at least three months.

The determination of whether a person is “disabled” with the meaning of the foregoing definition will be made on the basis of submitted evidence.

**Certification by a physician is essential to the application if other listed forms of eligibility are not provided.** Applicants will have to arrange for the physician’s services at their own expense. We reserve the right to require proof of disability in addition to the physician’s opinion.



# Reduced Fare Transit Photo ID Card Application

## Program for Senior Citizens (65 years or older) or Persons with a Qualifying Disability

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### Accessibility

All buses have wheelchair lifts or ramps for access by persons with disabilities. Also, the bus can "kneel" to lower the first step height. Please ask the operator to kneel the bus to assist you in boarding or alighting.

Most types of mobility devices (wheelchairs, 3-wheel scooters, and walkers) can be accommodated on the buses. Each bus has a system for securing wheelchairs. CTtransit safety policy requires a 4-point securement for all mobility devices. Use of the lap belt is recommended for the customer's maximum safety.

Please ask the operator to deploy the mobility access unit if you wish to use the lift or ramp to board the bus.

All trains and stations are handicapped accessible. When boarding or leaving a train in a wheelchair, back on and off, so that the larger rear wheels lead. This makes it less likely that the small front wheels will get caught in the gap between the platform edge and the train. Whenever the gap or the difference in height between the train and the station is too large, ask the train crew to set a bridge plate in place to span the gap.

If you ride CTfastrak, Fare Inspectors will make inspections on CTfastrak station platforms and CTfastrak buses. Remember to keep your pass or ticket handy, as you may be asked to show your Proof of Payment more than once during your trip. If you are riding at a reduced fare (you will be required to present proper ID as well as your proof of payment).

You are welcome to travel with your service animal on buses. A service animal is not allowed to occupy a seat on the bus. Customers with disabilities are permitted to bring their service animals into all transit facilities. The animals must be securely leashed for the safety of all customers.

A service animal is any guide dog, signal dog, or other animal individually trained to work or perform tasks for an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items. While most service animals are dogs, the possibility of other types of service animal is recognized.

Personal Care Attendants (PCA) – A PCA is a person who assists the eligible rider with daily life functions and provide assistance during the ride or at the destination. The PCA does not pay a fare.

### Privacy

In accordance with Public Act No. 08-167, it is the policy of CTtransit to protect the confidentiality of, prohibit unlawful disclosure of, and limit access to social security numbers and other personal identifiable information. The policy includes securing all files, limiting access to staff, divulging social security numbers and other personal identifiable information only when required by law, court rule, or in conducting the normal course of business. When documents are destroyed it will be done in such a manner as to preserve confidentiality (such as shredding).



A Service of the Connecticut Department of Transportation

# Senior Citizen (65 years or older) Reduced Fare Transit Photo ID Card Application

## Applicant Information (please print legibly)

Name: \_\_\_\_\_ , \_\_\_\_\_ MI  
Last Name First Name

Address: \_\_\_\_\_ Apt/Unit #  
Mailing Address  
\_\_\_\_\_  
City or Town State Zip

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
(include area code)

Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

- New Applicant \$5.00 application charge
- Replacement Card \$10.00 processing fee

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_  
I am 65 years or older as of the date of this application.

## Certification of Eligibility (include both with application)

- Photocopy of Medicare Card
- Photocopy of Government-issued photo ID that includes date of birth

Detach and Return

Application fee and full-face color photo also required with this application. See page 1 for details.

Application processing may take up to three (3) weeks.  
Applicants are encouraged to retain copy of application for their records.

**Reduced Fare Transit Photo ID cards are not transferable and can only be used by the person to whom the card was issued.**

Do not punch holes in, bend, fold, or otherwise mutilate your card. Do not laminate your card.



# Persons with Disability Reduced Fare Transit Photo ID Card Application

## Applicant Information (please print legibly)

Name: \_\_\_\_\_ , \_\_\_\_\_ MI  
Last Name First Name

Address: \_\_\_\_\_ Apt/Unit #  
Mailing Address  
\_\_\_\_\_  
City or Town State Zip

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
(include area code)

Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

- Temporary (expires one (1) year from date of issue)  Permanent  Replacement Card
- \$5.00 charge. Reapplication required on expiration. \$5.00 charge \$10.00 processing fee

Applicant or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Certification of Eligibility

Photocopy of proof you are receiving a disability benefit under one of the following: 1) Medicare; 2) Social Security Disability Insurance (SSDI); 3) Supplemental Security Income (SSI); or 4) Veterans Administration (VA) Disability

Physician's Statement:  
I have examined the applicant and it is my opinion that the applicant is a person with a disability within the meaning of that terms as defined on Page 2 of this application. I estimate the duration of the impairment to be  
 Temporary (over 3 months and under 12 months) or  
 Permanent

**Application fee and full-face color photo also required with this application. See page 1 for details.**

Application processing may take up to three (3) weeks. Applicants are encouraged to retain copies of application for their records.

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\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date Phone Number

\_\_\_\_\_  
Physicians Printed Name

\_\_\_\_\_  
Physician's License Number

Detach and Return