



Application for Half-Fare & Free-Fare Cards

Half-Fare cards are available to all Medicare recipients and other individuals determined by filling out the form below. Eligibility for Half-Fare card is not based on financial need. Honored Rider Free-Fare cards are available for anyone age 65 or older.

Name _____

Address _____

Date of Birth _____ Email _____ Phone _____

Emergency Contact _____ Phone _____

Please check any of the following that apply to you:

- Photo identification showing age 65 or older
- Medicare recipient
- Supplemental Security Income (SSI) disability benefits
- Social Security Disability (SSD) benefits
- Veteran's Administration benefits at 50% or greater disability
- Veteran's Administration non-service connected pension
- I have a disability that requires specialized facilities, planning or design to utilize LTD's transportation services, such as ramps, Braille signage, or assistance from the driver

Please have relevant documentation available and bring the completed application to LTD's customer service center at the Eugene Station, at 1080 Willamette St. We may schedule an interview with you to discuss eligibility.

- I agree to use the card in accordance with guidelines set by Lane Transit District, and understand that allowing another person to use the card is fraudulent.
- I understand that the Rider Card may be revoked upon expiration or for misuse.
- I certify that all the statements made in this application are true representations of my eligibility to participate in LTD's Half-Fare Program.
- Replacement cards are available for a \$5 fee.

Required Signature _____ Date _____

LTD USE ONLY – Half-Fare & Free-Fare Cards

- Proof of age

- Permanent – lifetime disability
- Temporary – short-term disability for an estimated _____ months

- Wheelchair Lift or Ramp
- Stop Announcements
- Braille Signage
- Kneeling Feature
- Preferred Seating
- Individual Attention from Operator
- Transit Training
- Transit Hosts
- Other

- Service Animal Endorsement
- Attendant Endorsement

- Application Approved
- Application Denied

Comments _____

Signature of LTD Reviewer _____ Date _____

Printed Name _____