



# Half Fare Supplemental Application Form

**Please return this with your half fare application. Please print.**

Name \_\_\_\_\_

## **TO BE COMPLETED BY A PHYSICIAN OR AGENCY REPRESENTATIVE**

The following classifications are not intended to be an exhaustive list, but those disabilities that will most likely result in limiting one's ability to use public transportation.

The individual has any condition requiring the use of crutches, wheelchair, walker, leg or foot braces, or other such devices in order to be mobile.

The individual has a missing limb or critical part thereof; use of prosthetic devices.

The individual is blind or deaf. Legal blindness automatically qualifies. Legal blindness is one that has a visual acuity of 20/200 or less in the best corrected eye or a visual field of 20<sup>A</sup> or less in the best corrected eye.

The individual has a musculo-skeletal condition that impairs motor skills to a severe extent, such as muscular dystrophy.

The individual has a mental disability or psychological disorder which substantially limits one or more major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning or working.

The individual has a temporary disability affecting mobility (lasting at least three months but no more than 12 months) which can be expected to last until

(date) \_\_\_\_\_

Other transportation disability. Please describe:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** The physician or agency statement on this application must be completed and signed by a qualified physician or agency. **IndyGo reserves the right to require any applicant to provide additional information if needed to clarify or verify a disability. This additional research may take additional time, preventing same day ID issuing.**

**APPLICANT'S STATEMENT**

I believe that based on the Half Fare Eligibility Statement (defined by 49CFR.609.), I am qualified to participate in IndyGo's reduced fare program. I understand that a physician or agency statement describing my disability and how it affects my mobility must be part of the application. I also understand that, if accepted, I will be issued only one reduced fare identification card at a cost of \$2.00 I hereby authorize my physician or agency representative to release as necessary medical information to the IndyGo Transportation System regarding my condition.

Signature of Applicant \_\_\_\_\_

Today's Date \_\_\_\_\_

**IndyGo Indianapolis Public Transportation Corporation**

IndyGo Customer Service Retail Center  
34 N. Delaware Street  
Indianapolis, IN 46204  
317.635.3344

**PHYSICIAN'S OR AGENCY'S STATEMENT (Please print)**

Physician or Agency representative name

\_\_\_\_\_

Agency or Medical practice name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

\_\_\_\_\_

Date

\_\_\_\_\_

Please describe medical condition(s) of applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify in accordance with federal regulation 49CFR.609.3, \_\_\_\_\_  
(Applicant's Name) in my opinion, qualifies for an IndyGo reduced fare identification card,  
because his/her disability requires special assistance, facilities, planning or design in order  
to ride IndyGo buses as effectively as persons who are not so affected.

**I declare under the penalty of perjury that the statements on this application are true  
and correct to the best of my knowledge and belief.**

Physician's or Agent's signature \_\_\_\_\_

Date \_\_\_\_\_

In order to receive your photo ID Card; return this form with your application, in person, to the  
IndyGo Customer Service Center, 34 N. Delaware Street. For information call 635-3344.  
This program is subject to change by IndyGo. Public notice will be provided regarding any  
future changes. IndyGo will determine the eligibility of passengers for the half-fare program  
based upon information provided.

**All information provided for half-fare certification process will be confidential and will  
not be provided to other agencies.**

Unless a temporary pass is issued, your half-fare pass will be issued for a three year time  
period. At the end of the three-year period you will need to renew your application to remain  
eligible for half fare.

**Half Fare Eligibility Statement:**

Persons whose disability results in limited ability to use public transportation as defined by  
Federal Transit Authority (FTA) federal regulation 49CFR.609.3 which provides that disabled  
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 non-  
ambulatory 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.

**All certified and registered Open Door riders may show their current Open Door ID on  
any IndyGo Fixed Route and ride for free.**

**NOTE: Half Fare ID cards are valid for three years. After ID card expires, please  
resubmit application and supplemental application for recertification.**