

Washington Metropolitan Area Transit Authority
ID Card Office
600 5th Street, NW
Washington, DC 20001
202-962-1245 or 202-628-8973 (TTY)

REDUCED FARE PROGRAM FOR PEOPLE WITH DISABILITIES

WHO SHOULD APPLY?

People with disabilities that require accessibility features and services (See Part B and C of the application) to use accessible public transportation may be eligible to ride at a discounted fare (Source: 49 U.S.C. § 5307).

WHO IS NOT ELIGIBLE?

- People 65 years or older qualify for a Metro Senior ID Card, which offers the same reduced fare as this program. **DO NOT** apply for the Reduced Fare Program for People with Disabilities, even if you have a disability. Applications for a Metro Senior ID Card are available at Metro Headquarters, Metro Sales Offices and local libraries.
- People who do not require accessibility features or services to use public transportation
- People who are pregnant, obese, dependent on alcohol or illegal substances, have contagious diseases, or have controlled epilepsy
- Financial need is not an allowable disability criterion.

MEDICARE RECIPIENTS

If you have a valid Medicare Card from Social Security, complete Part A and present your valid Medicare Card plus a photo ID when you submit your application. **DO NOT** complete Part B of the application.

GUIDELINES FOR COMPLETING THE APPLICATION

1. Read the entire application and complete Part A.
2. Take the application to your health care professional for certification of Part B.
3. Health care professionals must review GUIDELINES FOR HEALTH CARE PROFESSIONALS on page 4.
4. When appearing to pick up your Reduced Fare ID Card, you **MUST** bring identification. For people who do not present a drivers'/non-drivers' ID or valid passport, two other forms of identification, including a photo ID card issued by third parties, is required.
5. Metro may contact the health care professional for verification and makes the final eligibility determination.

DEFINITION OF A HEALTH CARE PROFESSIONAL

One of the following health care professionals may certify you to qualify for a Reduced Fare ID Card. Review page 3 and 4 for Guidelines.

- A licensed physician can certify in his/her area of normal practice.
- A licensed osteopath can certify in his/her area of normal practice.
- A licensed podiatrist can certify for Guideline 2, Semi-Ambulatory.
- A licensed optometrist can certify for Guideline 7, Blind or Low Vision.
- A licensed audiologist or a licensed otolaryngologist **must** certify for Guideline 8, Deaf or Hard of Hearing.
- A certified school psychologist can certify for those applicants who are under the age of 21 years and for Guideline 11 only, Developmental or Learning Disabilities.

OPTIONS FOR SUBMITTING YOUR APPLICATION

By Mail

Mail the original, completed application to the Metro ID Card Office, 600 5th Street, NW, Washington, DC 20001. Receipt of your application will be acknowledged within one week. If you qualify, you must come to a designated location to obtain your photo ID card.

In Person at Metro Headquarters

Bring the original, completed application to the Metro ID Card Office, 600 5th Street, NW, Washington, DC 20001 between 7:30 am to 3:30 pm Monday - Friday. If eligible, your photo ID card will be issued at this time.

Regional Locations

Reduced Fare ID Cards may be issued at additional designated regional locations **BY APPOINTMENT ONLY**. Call the Metro ID Card Office at 202-962-1245 or 202-628-8973 (TTY) for information about this service. Medicare recipients **cannot** be issued their Reduced Fare ID Card at regional locations.

Groups of Three or More

Groups of 3 or more are strongly encouraged to schedule appointments in advance. Otherwise groups may be subject to extensive delays as individual walk-in customers will be served first. Please contact the Metro ID Card Office at 202-962-1245 or 202-628-8973 (TTY) to schedule an appointment.

APPEAL PROCESS

If determined not eligible for the Reduced Fare Program for People with Disabilities, you may appeal the decision. To obtain a copy of the Reduced Fare Program Appeal Process, call the Metro Office of ADA Programs at 202-962-1100 or 202-962-2033 (TTY) or email adap@wmata.com.

OWNERSHIP OF A REDUCED FARE ID CARD

The Reduced Fare ID Card must be in the possession of the cardholder at all times while riding Metrobus and Metrorail. The ID Card must be presented when paying by cash on Metrobus, purchasing reduced farecards or reduced fare SmarTrip® cards, or on demand to Metro Transit Police Officers, Metrobus Operators, and Metrorail Station Managers. ID cards used in any unlawful manner will be confiscated.

REPLACING LOST REDUCED FARE ID CARDS

If you lose your Reduced Fare ID card, you may obtain a replacement. A fee of \$5.00 is charged for the first replacement and \$10.00 for each subsequent replacement. The fee may be waived upon receipt of a police report documenting theft of the Reduced Fare ID Card.

RENEWING REDUCED FARE ID CARDS

If you have a permanent disability, approximately sixty (60) days before your Reduced Fare ID card expires, a renewal notice will be sent to the address listed on this application. Before the ID card expires, bring it to the Metro ID Card Office to be issued a new card. If your disability is long term or temporary, but continues beyond the expiration date on your ID card, or if your disability is permanent and your ID card has been expired for 30 days or more, you must complete a new application.

METRO IS ACCESSIBLE PROJECT

The Metro is Accessible Project supports people with disabilities who want to ride Metrobus and Metrorail. Contact the Metro Office of ADA Programs for information about accessibility features and services that help people with disabilities ride Metrobus and Metrorail conveniently and safely. Free bus and rail system orientations and trip planning assistance are also available. For information about these services, call 202-962-1558 or 202-962-2033 (TTY) or email adap@wmata.com.

PART A: APPLICANT INFORMATION AND RELEASE (MUST BE COMPLETED)

Name (Last, First, Middle Initial): *(Print or Type)* _____ Social Security Number: _____ Date of Birth: _____

Street Address: _____ Apartment: _____ City, State, Zip: _____ Phone / TTY: _____

E-mail: _____ Sex: Male ___ Female ___ Previous I.D. Holder? Yes ___ No ___
 Medicare Card Holder? Yes ___ No ___

1. In case of an emergency, who in the local area should be notified? Name: _____
 Address: _____ Phone: _____ Relationship: _____

2. I authorize the health care professional completing this application to release to the Washington Metropolitan Area Transit Authority any protected health information about my disability in order to verify my eligibility for a Reduced Fare Identification Card for People with Disabilities.

Signature of Applicant: _____ Date: _____
 [Under 18, Signature of Parent or Guardian]

PART B: HEALTH CARE PROFESSIONAL CERTIFICATION (MUST BE COMPLETED)

Part B must be completed by a licensed or certified health care professional as described on Page 1 and must be signed within 60 days of filing the application with WMATA. Information on this application will remain on file with WMATA and is not subject to public review.

Name of Health Care Professional: *(Print or Type)* _____ License Number/State Issued: _____ Phone: _____

Street Address & Suite #: _____ City, State, Zip: _____

Check One: Physician: (specialty) _____
 _____ Osteopath ___ Podiatrist ___ Optometrist ___ Audiologist ___ School Psychologist

1. Review Part C: Guidelines for Health Care Professionals on Page 4. **Select all appropriate Guideline Number(s) and provide detailed information below regarding the applicant's disability.** (Specific DSM or ICD code(s) may be used.) **(MUST BE COMPLETED TO DETERMINE ELIGIBILITY)**

Guideline Number(s): _____ Specific Diagnosis: _____

2. Check one or more of the accessibility features and services below that the applicant requires in order to use public transportation. Health care professionals with questions about these accessibility features and services, please call 202-962-2568. **(MUST BE COMPLETED TO DETERMINE ELIGIBILITY)**

<input type="checkbox"/> Metrobus and Metrorail system orientations	<input type="checkbox"/> Elevators at Metrorail stations
<input type="checkbox"/> Priority seating on Metrobus and Metrorail	<input type="checkbox"/> Accessible Metrorail fare vending machines
<input type="checkbox"/> Audio announcements on Metrobus and Metrorail	<input type="checkbox"/> Braille
<input type="checkbox"/> Visual information display systems	<input type="checkbox"/> Raised letters
<input type="checkbox"/> Information in Braille or large print	<input type="checkbox"/> Audio
<input type="checkbox"/> Accessible priority parking space	<input type="checkbox"/> Bus lift or ramp
<input type="checkbox"/> Bumpy domes at the Metrorail platform edge	<input type="checkbox"/> Bus wheelchair securement system
<input type="checkbox"/> Flashing lights at the Metrorail platform edge	<input type="checkbox"/> Other: Please specify _____
<input type="checkbox"/> Accessible, extra wide Metrorail faregate	<input type="checkbox"/> None Required

2. Does the applicant require a personal care attendant to utilize public transportation all or sometimes? Yes ___ No ___

3. Expected Duration of Disability:

Temporary: Short-term conditions that last at least 90 days but likely to improve within one year
 Please check one: ___ 3 months ___ 6 months ___ 9 months ___ 1 year

Long-Term: Conditions with potential for improvement or long periods of remission (card duration 3 years)

Permanent: Conditions with absolutely no expectation of improvement (card duration 5 years)

Signature of Health Care Professional: _____ Date: _____

False certification may be reported to the licensing agency under District of Columbia Code Annotated, Section 2-3305.15, Code of Virginia 54.1-2915, or Maryland Health Occupations Code Annotated 14-404 or appropriate code for state of license or certification. WMATA reserves the right to: (1) verify the validity of the license of the health care professional providing the certification, (2) make the final determination on an applicant's eligibility for the Reduced Fare Program and Attendant Eligibility, (3) have the applicant submit to an examination by a health care provider selected by WMATA at the cost to WMATA, and (4) retain a copy of this application.

WMATA USE ONLY!	
Card No. _____	Exp Date _____
Category _____	
Issued By _____	Issued Date _____

PART C: GUIDELINES FOR HEALTH CARE PROFESSIONALS

The following guidelines are to be used to evaluate applicants for the WMATA Reduced Fare Program for People with Disabilities. Health care professionals with questions, please call 202-962-2568.

1. **NON-AMBULATORY:** An individual is unable to walk and requires the use of a wheelchair or other mobility device.
2. **SEMI-AMBULATORY:** An individual is unable to walk without the use of a caliper leg brace, walker or crutches.
3. **UNREMITTING MUSCULOSKELETAL CONDITIONS:** An individual experiences substantial difficulty walking and/or functional limitation of movement.
4. **AMPUTATION:** An individual has an amputation of both hands, one arm, one hand and one foot, or one or both legs.
5. **STROKE:** An individual has substantial functional motor deficits in any of two extremities, loss of balance and/or cognitive impairments three months post stroke.
6. **PULMONARY OR CARDIAC CONDITIONS:** An individual has a pulmonary or cardiac condition resulting in marked limitation of physical functioning and dyspnea during such activities as climbing steps and/or walking a short distance.
7. **BLIND OR LOW VISION:** An individual whose visual acuity in the better eye, with correction, is 20/200 or less, or who has tunnel vision to 10 degrees or less from a point of fixation or so the widest diameter subtends an angle no greater than 20 degrees.
8. **DEAF OR HARD OF HEARING** (This Guideline **must** be certified by either a licensed audiologist or a licensed otolaryngologist who is relying upon an audiogram for diagnosis): An individual whose hearing loss is 70 dba or greater in the 500, 1000, 2000 KHz. ranges in both ears, regardless of the use of hearing aids.
9. **NEUROLOGICAL CONDITIONS OR AUTISM:** An individual has difficulty with coordination, communication, social interaction and/or perception from a brain, spinal or peripheral nerve injury or illness, has functional motor deficits, or suffers manifestations that significantly reduce mobility.
10. **INTRACTABLE EPILEPSY:** An individual has had at least one tonic-clonic seizure within the past six months, despite taking prescribed medication.
11. **DEVELOPMENTAL OR LEARNING DISABILITIES:** An individual has a significant learning, perceptual and/or cognitive disability with a specific diagnosis. Some conditions are excluded from eligibility such as attention deficit disorder (ADD) and dyslexia.
12. **MENTAL ILLNESS:** An individual whose mental illness is chronic, long-term and includes a substantial disorder of thought, perception, orientation, or memory that impairs judgment and behavior. A specific diagnosis is required.
13. **CHRONIC PROGRESSIVE DEBILITATING CONDITIONS:** An individual who experiences debilitating diseases, autoimmune deficiencies, or progressive and uncontrollable malignancies, any of which are characterized by fatigue, weakness, pain and/or changes in mental status that impair mobility.