AAATA FARE DEAL APPLICATION

MEDICAID: You must present valid photo ID and your Medicaid card. If you do not have a Medicaid card you may obtain eligibility through an Authorized Certifying Agency. For the name of an authorized agency Call TheRide at 734-973-6500.

MEDICARE: You must present valid photo ID and your Medicare card. If you have a disability and do not have a Medicare card your medical professional may verify your eligibility (see back).

INSTRUCTIONS TO RECEIVE YOUR FARE DEAL I.D. CARD:

1. Submit your completed application to the TheRide’s main office located at 2700 S. Industrial Hwy. Ann Arbor.

2. Present one piece of acceptable valid government issued photo identification:
   • State ID
   • Drivers License
   • Passport
   • VA or Military ID
   • Washtenaw County ID

   Misrepresentation on this application or fraudulent use of the Fare Deal card will result in the revocation of reduced fare services

FOR THERIDE USE ONLY - VERIFICATION - FOR THERIDE USE ONLY

<table>
<thead>
<tr>
<th>IDENTIFICATION</th>
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Issued By: Date: Exp Date:
I have a medically-documented disability which makes it difficult for me to perform at least one of the following transit-related functions (check appropriate box or boxes): 

- [ ] Getting on or off a TheRide regular bus.
- [ ] Standing in a moving TheRide regular bus.
- [ ] Reading information signs. Legal blindness of 20/200 with best possible correction is the minimum requirement.
- [ ] Hearing directions from the bus operator when requested. Average loss of 30 decibels within speech frequencies in both ears with best possible correction is the minimum requirement.
- [ ] Understanding information signs and/or directions of the bus operator.

I understand this application must be signed by a medical professional that can certify the nature of my disability.

I swear that the above statements are correct to the best of my knowledge.

I understand that misrepresentations on this application or fraudulent use of my Fare Deal card will result in the revocation of this privilege.

Applicant Signature __________________________ Date ____________

TO BE COMPLETED BY MEDICAL PROFESSIONAL

Certification for Fare Deal, A Regular Line Bus Reduced Fare Program

I certify that the above named applicant has a disability which makes it difficult for them to perform the transit-related skill(s) I have indicated above.

Signature of medical professional __________________________ Date ____________ Certification Number ____________

Print Name __________________________ Phone/Cell __________________________