



# FARE DEAL APPLICATION

First	Last	(Middle)	Date of Birth		
			( )	( )	( )
Street	Apt#	City	State	Zip	Phone/Cell

Which of the Following Do You Identify With? (Check one box)	
<input type="checkbox"/>	<b>AGE 60 to 64 (senior):</b> You must present valid proof of age. See below instructions for acceptable identification.
<input type="checkbox"/>	<b>MEDICARE:</b> You must present valid photo ID and your Medicare card. If you have a disability and do <u>not</u> have a Medicare card your medical professional may verify your eligibility (see page 2).
<input type="checkbox"/>	<b>MEDICAID:</b> You must present valid photo ID and your Medicaid card. If you do <u>not</u> 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.

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

- Submit your completed application to:
  - TheRide Main Office, 2700 S. Industrial Hwy, Ann Arbor, MI 48104
  - Blake Transit Center, 328 S. Fifth Ave Ann Arbor, MI 48104
- Present one piece of acceptable valid government issued photo identification:
  - State ID • Driver’s License • Passport • VA or Military ID • Washtenaw CountyID

**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		
IDENTIFICATION	MEDICAID CARD	MEDICARE CARD
<input type="checkbox"/> State ID <input type="checkbox"/> Driver’s License <input type="checkbox"/> Passport <input type="checkbox"/> VA or Military ID Card <input type="checkbox"/> Washtenaw Co. ID Card	Confirmed	Confirmed
<b>Issued By:</b>	<b>Date:</b>	<b>Exp Date:</b>

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**COMPLETE THE SECTION BELOW IF YOU HAVE A DISABILITY AND DO NOT HAVE A MEDICARE CARD**

**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 below)

- 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. Averageloss 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