



XAALADA CODSIGA QIIMAHA HOOS LOO DHIGAY



NOOCYADA U QALMIDA Dhamaan codsadeyaashu waa iney dhameystiraan qaybta 1	WARAAQDAHA LOO BAAHANYAHAY
Da' weyn (65+)	Aqoonsi sawir iyo caddeyn da' leh
Dhalinyaro (6-18)	Caddeyn da' iyo aqoonsi sawir leh aya lagu weydiin kara
Haysteyaasha kaarka Medicare:	Aqoonsi sawir leh iyo kaarka medicare oo gaduud, cadaan ama buluug ah
Dagaalameyaashii hore	Aqoonsi sawira iyo dd214, va id ama xaalada dagalame hore aqoonsigiisa
SSI, SSDI, VA Qaatayaasha naafada:	Aqoonsi sawir leh iyo warqad u qalimid hadda ah
Naafada loo xaqiijiyey caafimaadahaan – Adeegbixiyahu waa inuu buuxiya qaybta 2/bogga 2	Aqoonsi sawir leh iyo xaqiijin xirfadle daryeele caafimaad iyo/ama hayda xirfad leh (fiiri bogga 2)

Qaybta 1: Waxaa buuxinaaya codsadhaha

_____ / _____ **TAARIKHDA:** _____
Magaca qoyska **Magaca kowaad**

_____ / _____ / _____ / _____ / _____
Cinwaanka boostada **Lambarka guriga** **Magaalada** **Gobolka** **Koodka xaafada**

_____ / _____ / _____
Lambarka talefoonka (ku dar koodka gobolka) **Taariikhda dhalashada** **Emailka**

Habka ogeysiinta la doorbidayo: ___ Cinwaanka emailka ___ Talefoonka ___ Emailka

Nooca qiimaha hoos loo dhigay: ___ Da' weyn ___ Medicare ___ SSI, SSDI, VA ___ Dagaalame hore ___ Naafada ___ Dhalinyaro

Dooro mid: ___ Dirigo TouchPass ___ Aapka Mobilka ___ Isticmaale kaash /ID kaar kaliya

Hadii aad isticmaasho (TouchPass) ma jeceshahay in sawirkaaga lagu dhejiyo karaka? ___ Haa ___ Maya
Boostada ___ **Ka qaado** _____ (Sawirka waxaa lagu daabici kara kaliya qaybta Greater Portland Metro)

Anigu waxaan xaqiijinaya in macluumaadka ku jira codsigaan ey run iyi saxba yihiin. Waxan siiyey ogolaansho haya'da ama xirfadle caafimaad iney bixiyaan macluumaadka ku saabsan naafonimadeyda. Waxaan fahamsanahay in hadii la aqbalo codsigeyga, inaan u qalmi doono helitaanka qiimaha hoos loo dhigay (50% ee qiimaha caadiga) ee Dirigo TouchPass. Anigu ma amaahin doono am ma siin doono kaarkeyga ama apka mobilkeyga qof kale. Hadii aan bixinaayo kaash, waxaan kaarkeyga aqoonsiga u dhiibi doona wadaha baska sida marka aan bixinayo lacagta.

Saxiixa: _____ **Qor magacaaga:** _____ **Taariikhda:** _____
Naafonimo loo xaqiijiyey si ku dhisan macluumaad caafimaad – ku soco ila bogga 2

Haddii xirfadle daryeele caafimaad uu dareemo shaqsi, kaas oo sabab jiro danted dhaawac, da', jirro maskaxda, iin garaadka, ama itaal darrida joogtada ah ama ku meel gaarka ah ama naafanimada, taas ay ku jiraan kuwa aan socon karin, oo adeegsanaya gargaarka socodka iyo kuwa leh **awood aan buxin o socodka ah, on awodikareniyagoon haysan tas-hiilaad gaar ah ama qorshe gaar ah ama qaabeyn loo adeegsado tas-hiilaadka gaadiidka iyo adeegyada sida ugu waxtarka badan ee dadka aan sidaasoo kale aan u saameynin (Cinwaanka 49 CFR 609.3 — Qeexitaannada)**, inu u qalmo heerka qiimo-dhimista, fadlan ku qor dukumeentiga Qaybta 2. Naafanimada ama karti-darridaani waa inay dhalisaa hoos u dhac awoodeed iney sameeyaan ficillada lagama maarmaanka u ah adeegsiga adeegyada dariiqa joogtada ah adigoo helin tababar ama gargaar gaar ah.

Qaybta 2: Waxaa buuxinaya xirfadle adeegbixiye caafimaad/hay'ad muddo 30 maalmood guddohooda ah

Si loogu qalmo DiriGo TouchPass ee qiimaha gudbida taabashada ah, macmiilkaaga/ bukaanka ku qoran arjigan waa inuu lahaadaa xaalad jireed ama maskaxeed/ garasho oo ku hoos jira shuruudaha u qalmida caafimaad ee si weyn u xaddideysa waxqabadka nolosha muhiimka ah sida daryeelka qofka naftiisa socodka, aragtida, maqalka, hadalka, neefsashada, barashada, iyo/ ama shaqada, iyo tan heerarka sharciga ee xaq u yeelashada mutaysiga ee lagu taxay bogga 1 ee arjigan.

Naafanimaadaan joogto miya? Haa Maya

Hadii ey maya tahay, muddo intee la eg ayaad fileysa iney sii jirto? _____

(Fiio gaara: hadii ey naafanimadu tahay ku meelgaar, waa iney ugu yaraan jirta 90 maalmood si loogu qalmo qiimo dhimis.)

Waxaan xaqiijinaya: _____ inuu buuxiyeey shuruudaha qiimaha hoos loo dhigay ee kor ku xusan, **naafonimada ee ugu qalmayo waa:** _____

Magaaca xirfadlaha caafimaad /wakiilka hay'ada:

Saxiixa xirfadlaha daryeelaha caafimaadka /wakiilka haya'da: _____

Magaca xafiiska ama haya'da adeega bixisay: _____

(Timbaraha adeegbixiyaha ayaa loo isticmaali kara halkaan, ama xaqiijin warqada adeegbixiyaha lagu dhejiyey.)

Cinwaanka xafiiska: _____

Talefoonka xafiiska: _____ **Fakiska:** _____ **Emailka:** _____

Haddii ey jiraan wax su'aalo ah oo ku saabsan buuxinta foomkan, fadlan soo wac 1-833-272-7270. Foomamka oo dhammeystiran waxaa lagu diri karaa fakis, boostada, ama waxaa loo diri karaa wakaaladda socdaalka ee deegaankaaga: Metro (114 Valley St., Portland, 04102, or 21 Elm St. Pulse), BSOOB Transit (Customer Service, Saco Transportation Center, 138 Main St., Saco, 04072), South Portland Bus Service (South Portland City Hall, 25 Cottage Rd., South Portland, 04106).

This section to be completed by transit staff

Approved by: _____ Date: _____

Fare choice: ___ DiriGo TouchPass Card ___ with photo/ ___ without photo or ___ Mobile app

(A photo can only be printed at a Greater Portland Metro location)

RF ID # _____ 16-digit TouchPass # _____ Photo # _____ Exp. Date: _____

Type of supporting documentation: (ID, RWB Card, benefit letter, medical) _____

Photocopy of supporting documentation made: _____ Username: _____

State ID, type, number _____