



REDUCED FARE STATUS APPLICATION

QUALIFICATION CATEGORIES All Applicants Complete Section 1	SUPPORTING DOCUMENTATION REQUIREMENTS
Seniors (65+)	Photo identification with proof of age
Youth (6-18)	Proof of age and photo identification may be requested
Medicare Card holders	Photo identification and red, white, & blue Medicare card
Veterans	Photo identification & DD214, VA i.d., or Vet. Status i.d.
SSI, SSDI, VA Disability Recipients	Photo identification and most current qualifying letter
Medically Verified Disability – Provider must complete Section 2/Page 2	Photo identification and certification by qualified health care professional and/or certified agency (See Page 2)

Section 1: To be completed by Applicant

_____/_____/_____
Last name **First name** **DATE:** _____

_____/_____/_____/_____/_____
Mailing Address **Apt/Unit #** **City** **State** **Zip Code**

_____/_____/_____
Phone number (include area code) **Date of Birth** **E-Mail Address**

Preferred Method of Notification: Mail _____ EMail _____ Phone _____

Reduced Fare Category: ___ Senior ___ Medicare ___ SSI, SSDI, VA ___ Veteran ___ Disability ___ Youth

Choose one: ___ DiriGo Pass Smartcard* ___ DiriGo Pass Mobile app | **Photo:** YES NO

I certify that the information on this application is correct. I give the agency or medical professional permission to release information regarding my disability. I understand that if this application is approved, I will be eligible to receive the reduced fare rate (50% of the regular fare) for the DiriGo Pass Fare System. I will not loan or give use of my card or mobile app to anyone. If paying with cash, I will present my ID card to the bus operator as requested when paying my fare.

Signature: _____ **Print name:** _____ **Date:** _____

Completed forms may be delivered to : GP Metro at 21 Elm St., Portland, ME, or sent to:

Fax: 207-358-7073 | Mail: Metro (114 Valley St., Portland ME 04102) | Email: info@gpmetro.org

* If you chose to receive a DiriGo Pass Smartcard, do you want it mailed _____, or will you pick it up at 21 Elm St. _____?

Or, sent to: BSOOB Transit: Saco Transportation Center, 138 Main Street , Saco ME 04072

Medically Verified Disability information – continue on to page 2

If a health care professional feels an individual, who, by reason of illness, injury, age, mental illness, cognitive impairment, or other permanent or temporary incapacity or disability, including those who are non-ambulatory, using a mobility aid 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** (Title 49 CFR 609.3—Definitions), qualifies for Reduced Fare status, please document it in Section 2. This disability or incapacity must result in a reduced capacity to perform actions necessary for the use of regular fixed-route services without receiving special training or assistance.

Section 2: To be completed by Professional Healthcare Provider/Agency within 30 days of application date

In order to qualify for Dirigo Pass Automated Fare System reduced fare, your client/patient listed on this application must have a physical or mental/cognitive condition that falls within the medical eligibility criteria that substantially limits a major life activity, such as caring for one's self, walking, seeing, hearing, speaking, breathing, learning, and/or working, and that further meets legal standards for reduced fare eligibility listed on page one of this application.

Is this disability permanent? ☐ Yes ☐ No **If no**, how long do you expect it to last? _____

(Note: If disability is temporary, it must last for at least 90 days to be eligible for reduced fare.)

I certify that: _____ meets the criteria for reduced fare as listed above,
and the **Qualifying disability is:** _____.

Printed name of healthcare professional/agency representative: _____

Signature of healthcare professional/agency representative: _____

Name of Providing office or agency: _____ (A provider's stamp may be used in this area, or certification on provider's letterhead must be attached.)

Office Address: _____

Office phone: _____ **Fax:** _____ **E-mail:** _____

If there are any questions regarding completion of this form, please call 1-833-272-7270 or 207-774-0351

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OR Fax: 207-358-7073 | Mail: Metro (114 Valley St., Portland, 04102) | Email: info@gpmetro.org; OR send to: BSOOB Transit , Saco Transportation Center, 138 Main Street , Saco, ME 04072 (207-282-5408, info@bsoobtransit.org)

This section to be completed by transit staff

Approved by: _____ **Date:** _____

Fare choice: _____ Dirigo Pass SmartCard | _____ Dirigo Pass Mobile App | **PHOTO:** YES NO

Fare Type _____ **RF ID #** _____ **Photo #** _____ **Exp. Date:** _____

Type of supporting documentation: (i.d, RWB Card, benefit letter, medical) _____

Photocopy of supporting documentation made: _____ **Username:** _____

State ID, type, number _____

Notes: _____