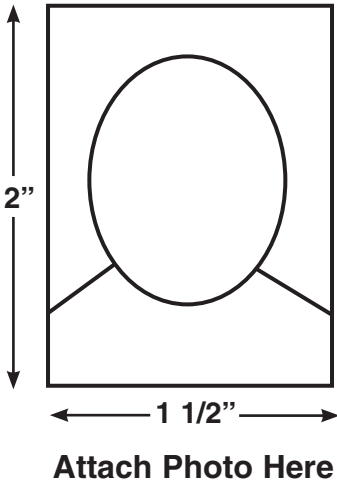


Application for MTA Reduced-Fare Program for People with Disabilities



ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL



Mail Completed Application to:

Metropolitan Transportation Authority
 Attention: Reduced-Fare Program
 130 Livingston Street
 Brooklyn, New York 11201-9625

Application must be completed in English.
 Type or print in ink and sign where indicated.
 Allow two to eight weeks for processing.

For further information or additional copies of this Application or the Application for Senior Citizens, visit mta.info or call 511 or 718-330-1234. If you are Deaf or hard of hearing, use the free 711 relay or your preferred relay service provider to contact us or visit mta.info.

Section 1: Customer Information

Last Name:

First Name: M.I.

Mailing Address: Apt. No.

City: State: Zip: -

Is this a mobile phone? YES NO

Phone: - - Date of Birth: - -
M M D D Y Y Y Y

Email:

INFORMATION FOR ALL APPLICANTS

The Metropolitan Transportation Authority's (MTA) Reduced-Fare Program for people with disabilities provides reduced-fare transportation for persons with the following disabilities:

- Receiving Medicare benefits for any reason other than age¹
- "Serious mental illness" (SMI) and receiving Supplemental Security Income (SSI)
- Blindness
- Deafness or Hearing Loss
- Ambulatory Disability
- Cognitive Disability
- Other Physical Disability

If you do not have one of these disabilities, you are not eligible for the Reduced-Fare Program.

Read the entire form carefully before you apply.

- (1) Provide a photocopy of a valid photo ID (such as a driver's license, passport, IDNYC, or valid state ID).
- (2) Sign the affirmation in Section 1A.
- (3) Provide a passport-type photo (1 ½" x 2") with this application. Write your name on the back of the photo and attach it where indicated on the front of this application. You are responsible for any fees for obtaining a passport photo.
- (4) Provide documentation of your disability. See Section 2B for the certification requirements.
- (5) Have a physician or other licensed health care provider complete Section 2. You are responsible for any fees your physician may charge.

The MTA may accept or reject documentation you provide or ask for additional proof of disability. In its discretion, the MTA may waive application requirements on a case-by-case basis or require that the applicant be examined by its own physician at the MTA's own expense.

If the MTA determines that you are eligible for the program, you will receive a Reduced-Fare transportation benefit. You may be asked to re-certify for the Reduced-Fare Program after four years from the date your transportation benefit is issued.

The Reduced-Fare Program benefit is valid only if you are disabled as stated in your application. If at any time you are no longer disabled as described, your eligibility for the Reduced-Fare Program automatically ceases; you are no longer permitted to use the Reduced-Fare benefit.

¹ If you receive Medicare benefits because you are 65 years or older, use the Application for Senior Citizens.

SECTION 1: CUSTOMER INFORMATION (continued)

A. Applicant's Disability Affirmation:

I have read and understand all the program information, instructions, and conditions of use contained in this application. I affirm under penalty of perjury that all statements made by me on this application and to any Certifier (physician or other licensed professional) who is named in this application, including all statements, if any, concerning my disabilities, are true and complete. I understand that the MTA will rely on the statements made by me and by any Certifier named in this application to determine my eligibility for the Reduced-Fare Program, that all such statements may be subject to investigation and verification, and that a material misstatement or fraud will disqualify me for reduced-fare privileges. I understand that the MTA may discontinue or change its Reduced-Fare Program without notice. If the MTA determines that I have not followed the Reduced-Fare Program Conditions of Use, I understand that my Reduced-Fare Program benefit will be cancelled, and I will not be eligible to reapply for the Reduced-Fare Program. I understand that it is a crime to allow anyone else to use my Reduced-Fare Program benefit or for me to continue to use the benefit if I am no longer disabled as defined by the Reduced-Fare Program.

| | |
|--|-----------------------|
| <p>X _____ Signature of Applicant or Personal Representative</p> | <p>_____ Date</p> |
|--|-----------------------|

Personal Representative Information

If the application is completed on behalf of the applicant, a personal representative must complete the following:

Print Name: _____

Address: _____

Tel. No.(s): _____

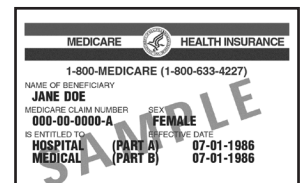
Relationship to Applicant: (e.g., parent, guardian, attorney, friend, etc.)

B. Applicant's Statement of Eligibility:

My application for reduced fare is based on one or more of the following (check all that apply):

- I am a Medicare recipient for reasons other than my age.**

Applicant must attach a passport-type photo and a copy of Medicare Card to this application.



I currently receive Supplemental Security Income (SSI) benefits from the United States Social Security Administration (SSA) and have a serious mental illness.

I understand that I must provide a recent "Notice of Entitlement" letter for SSI Eligibility from SSA and the date on the SSI Eligibility letter must be within two months of the date my application is submitted to the MTA.

I understand that I am eligible to receive the Reduced-Fare Program benefit only while I am receiving SSI. In the event that my SSI eligibility status changes, I agree to immediately notify the MTA.

The following Certification for MTA Reduced-Fare Eligibility Application Based on Serious Mental Illness and Receipt of SSI Benefits must be completed by a psychiatrist or other licensed mental health professional ("Certifier").

Certifier Information:

| | | |
|------------------|-------------------|--------------------------------|
| Name (Last) | (First) | (M.I.) |
| Office Address | | Suite/Room No. or Floor |
| City | State | Zip Code |
| | | State Professional License No. |
| Telephone () | Best Time to Call | |

Certification

I have examined the applicant for Reduced-Fare who is named on this application. It is my professional opinion that the named applicant is a disabled person with a "Serious Mental Illness" as follows:

- Serious Mental Illness - The applicant currently meets the criteria of a Diagnostic & Statistical Manual of Mental Disorders (DSM) diagnosis other than (I) alcohol or drug disorders, (II) developmental disabilities, (III) dementia or mental disorders due to general medical conditions, except those with predominant psychiatric features, or (IV) social conditions (V-codes): AND experiences substantial dysfunction in a number of areas of role performance or is dependent on substantial treatment, rehabilitation, and support services in order to control or maintain function capacity. Further, the person has experienced substantial impairments in functioning due to mental illness for an extended duration.

INDICATE THE DSM DIAGNOSIS (CERTIFIER MUST INCLUDE THIS INFORMATION):

| | |
|-----------------------|------|
| Certifier's Signature | Date |
|-----------------------|------|

NOTE: APPLICANT MUST COMPLETE AUTHORIZATION TO DISCLOSE MY HEALTH INFORMATION IN SECTION 3 Applicants who do not have Medicare or SSI, and who are eligible under one of the below disabilities, must have a physician or licensed healthcare provider complete Section 2. The applicant must also complete and sign Section 3: Authorization to Disclose My Health Information. A copy must be provided to the Certifier.

- I am an individual with one or more of the following disabilities (check all that apply):
- Deafness or hearing loss
 - Ambulatory disability
 - Cognitive disability
 - Other physical disability
 - Blindness - as defined in section 2 Disability Certification **If you are registered with the NYS Commission for the Blind, you may submit a copy of your NYSCB identification card instead of completing Section 2 - Physician's Certification.**

SECTION 2: DISABILITY CERTIFICATION
(To be completed by Physician or Licensed Healthcare Provider)

A. Physician/Certifier Information:

Name (Last, First, MI): _____

Office Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Best Time of Day to Call: _____

State Professional License No.: _____

B. Physician/Certifier Certification:

I have examined the applicant _____ and signed the back of their photograph that is attached to this application. It is my professional opinion that they are a "person with a disability" within the meaning of the term set forth in this document, as follows (check all that apply):

Blindness – There is central visual acuity of 20/200 or less in both eyes with the use of correcting lenses. Each eye which, accompanied by limitation in the field of vision such that the widest diameter of the visual field subtends an angle of greater than 20 degrees, shall be considered as having central visual acuity of 20/200 or less.

Deafness or Hearing Loss – With hearing aids, hearing in each ear is NOT restored to one of the following minimum levels: (i) Average hearing threshold sensitivity for air conduction of 90 decibels or greater, and for bone conduction to corresponding maximum levels, determined by the simple average of hearing threshold levels at 500, 1,000 and 2,000 HZ; or (ii) Speech discrimination scores of 40% or less in each ear.

Ambulatory Disability – The applicant requires the use of a mobility/ambulation aid in order to navigate the transit system. Please circle the mobility device(s) the applicant uses:

Wheelchair Medical Stroller Cane Crutch(es) Walker

Other: _____

Cognitive Disability – Due to the cognitive disability, the applicant cannot use MTA services or facilities without special planning or design. For example, customers with cognitive disabilities who have had travel training or travel with a personal care attendant (PCA) may be eligible.

Other Physical Disability – The applicant has an amputation or other physical disability that makes it impossible for them to use the system without extra planning.

C. For each box checked above, please provide a diagnosis: _____

D. Permanent or Temporary Disability: I estimate that the duration of the applicant's disability(ies) will be:

Permanent (more than 12 months)

Temporary (more than 3 but fewer than 12 months)

Please specify: _____ months

X _____
Physician Signature

Date

SECTION 3: AUTHORIZATION TO DISCLOSE MY HEALTH INFORMATION

1. I, the undersigned applicant, hereby authorize the following Physician/Certifier (“you”) to disclose the information specified in Section 2 to: MTA Reduced-Fare Program, 130 Livingston Street, Brooklyn, NY 11201.
2. You are authorized to complete Section 2, “Disability Certification” of my MTA Reduced-Fare Program application and send it to the MTA. If contacted by the MTA, you are authorized to discuss the information you have provided with a representative of the MTA Reduced-Fare Program.
3. This authorization is effective until the date of the termination of my receipt of MTA Reduced-Fare benefits.
4. I am requesting that you disclose this health information to enable the MTA to determine my eligibility for reduced-fare transportation benefits.
5. I understand that my authorization is voluntary and that I may revoke it at any time by notifying you in writing. I understand that if I do so, it is effective only to prevent any additional disclosure after the date I give you my notice. It does not apply to disclosures that you made while my authorization was in effect.
6. I understand that once my health information is disclosed as authorized by me in this form, it may no longer be subject to privacy protections if the authorized recipient is not obligated under law to protect the privacy of my health information.
7. I understand that you may not condition my treatment, payment, enrollment or eligibility for benefits from you on my granting an authorization for disclosure/release of my health information.

Physician/Certifier Name (Last, First, MI): _____

Affiliation: _____

Address: _____

Telephone Number: _____

| | |
|--|-----------------------|
| <p>X _____ Signature of Applicant or Personal Representative</p> | <p>_____ Date</p> |
|--|-----------------------|

Applicant’s Name (Last, First, MI): _____

Address: _____

Telephone Number: _____

Personal Representative Information (if applicable):

I am the personal representative of the individual requesting disclosure of health information whose name and address appear above. This individual has authorized me to complete this form on their behalf.

Signature of Personal Representative: _____ Date : _____

Print Name of Personal Representative: _____ Tel No : _____

Address: _____

MTA Reduced-Fare Program

Terms and Conditions of Use

These terms and conditions and additional information apply to the Metropolitan Transportation Authority's Reduced-Fare program for people 65 years of age and older and people with qualifying disabilities (the "Reduced-Fare Program"). The Reduced-Fare Program is managed by MTA New York City Transit.

Reduced-Fare Program payment methods

Reduced-Fare program participants may pay their Reduced-Fare Program fare with either a Reduced-Fare OMNY Card or a personal contactless payment method (credit/debit card or mobile wallet on a smartphone or wearable device) to which their Reduced-Fare Program benefit is linked.

Customers still in possession of a validly issued Reduced-Fare MetroCard ("RFM") at the time they obtain a Reduced-Fare OMNY payment method ("RFO," whether an OMNY Card or personal card or device) may spend down the remaining balance on the RFM before it expires. A RFM expires on the date printed on the back of the card.

If there is still a balance remaining when the RFM expires, you may return the expired RFM to MetroCard Customer Claims using the process for returning damaged cards as described below and request a refund of the remaining balance. We will review refund requests on a case-by-case basis. A refund must be requested within two years of the RFM expiration date; otherwise, the remaining value will be forfeited.

Rules regarding use of RFO or RFM

An RFO or RFM may only be used by the person to whom it was issued or registered. Use of an RFO or an RFM by any other person will result in suspension of the RFO or RFM and any remaining balance, and may result in civil and/or criminal penalties.

Eligibility for and use of an RFO or an RFM are subject to all tariff provisions, rules and regulations of the MTA and its affiliates and subsidiaries, including the New York City Transit Authority, and of any other transit system on which an RFO or RFM is accepted.

Transit systems now accepting RFO and/or RFM

A customer may use their RFO or their RFM to pay Reduced-Fare Program fares (half fare) on MTA New York City Transit subways, MTA New York City Transit and MTA Bus local buses, MTA New York City Transit and MTA Bus express buses during non-peak hours (full fare applies during peak hours), Roosevelt Island Tram, Hudson Rail Link, and the Staten Island Railway. An RFO is accepted at AirTrain JFK at the full fare.

An RFM, but not an RFO, may be used to pay the applicable reduced fares on Nassau Inter-County Express Bus (NICE) and Westchester Bee-Line local buses and express bus.

Trouble using RFOs

Reduced-Fare OMNY Cards are unlikely to be defective, so customers should first confirm that the card is in an active state with sufficient fare to travel. You can do this by tapping the card at an OMNY vending machine, linking it to a registered online OMNY account, or calling OMNY Customer Service at 877-789-6669.

If the card is active with sufficient fare but still not working, you may receive a replacement in person at the NYCT Customer Service Center at 3 Stone Street in Lower Manhattan, open Monday to Friday from 9 a.m. to 5 p.m. (more locations coming soon).

Customers with their Reduced-Fare Program benefit linked to a personal card or device and who believe this payment method is not working should confirm that the Reduced-Fare benefit and the card or device are in an active state. You can do this by linking the card to a registered online OMNY account or calling OMNY Customer Service for support.

If you need to link your Reduced-Fare benefit to a different contactless card or device, visit the NYCT Customer Service Center at 3 Stone Street in Lower Manhattan (more locations coming soon) or call OMNY Customer Service for support.

Note: The Reduced-Fare benefit can only be associated with a single personal credit/debit card or smart device, and any other versions of the same underlying credit/debit card account previously used with OMNY will be blocked. For example, if you link the Reduced-Fare benefit to a debit card in the mobile wallet of your smartphone, the physical version of the card won't be usable with OMNY, but the mobile version can be tapped for a half-fare payment.

Trouble using RFMs

You may return an RFM that is not working or is damaged either by mail or in person at the NYCT Customer Service Center. If you have obtained an RFO prior to submitting this request, you will not be issued

MTA Reduced-Fare Program

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a replacement RFM. You may request a refund of the RFM remaining balance when you return your RFM. We will review refund requests on a case-by-case basis. A refund must be requested within two years of the RFM expiration date; otherwise, the remaining value will be forfeited.

To return the RFM by mail, ask a station booth agent or bus operator for a prepaid RFM return envelope. In the envelope you'll find a form to fill out to describe the problem with the RFM.

If you cannot obtain a prepaid mailer, you may mail the RFM to MetroCard Customer Claims, 130 Livingston Street Brooklyn, New York 11201-9625. Be sure to include your name, address and phone number, your RFM that is damaged or does not work, and an explanation of the problem.

If you return your RFM by mail, you assume the risk of loss of your RFM if your card is not received by MetroCard Customer Claims.

Or you may return the RFM in person by visiting the NYCT Customer Service Center at 3 Stone Street in Lower Manhattan.

Lost or stolen Reduced-Fare OMNY Card

You must visit the Customer Service Center at 3 Stone Street to receive a replacement Reduced-Fare OMNY card. The balance on your lost or stolen card as of the moment you receive a replacement will be transferred to the replacement card.

If you linked your lost or stolen card to a registered OMNY account, you can suspend it immediately so it can't be used before you get a replacement. Sign in to your OMNY account or call OMNY Customer Service to suspend the card. If you did not link the lost or stolen OMNY card to an OMNY account, you can still call OMNY Customer Service to suspend it if you know the card number.

Lost or stolen debit or credit card that was used as your RFO

If your debit card or credit card that was being used as your RFO is lost or stolen, you should contact your bank or other financial institution. You can also suspend the lost or stolen card from the OMNY system through your OMNY account.

When you receive a new debit or credit card that you want to use as your RFO, you can do so by visiting the

NYCT Customer Service Center at 3 Stone Street in Lower Manhattan.

Lost or stolen phone or wearable device that was used as your RFO

If the smart phone or wearable device that you used as your RFO is lost or stolen, you should contact your device service provider as well as the bank or other financial institution for the debit card or credit card that was linked to the lost or stolen RFO. You can also suspend the lost or stolen device from the OMNY system through your OMNY account.

When you obtain a new device that you want to use as your new RFO, if you are going to use the same underlying debit card or credit card that had been linked to the lost or stolen RFO, you will need to add that card to the mobile wallet of your new device. Then you can activate the new device as your RFO simply by tapping at an OMNY validator in the system.

Lost or stolen RFMs

Immediately report a lost or stolen RFM by calling 511 or 718-330-1234 between 6 a.m. and 10 p.m., or through the MetroCard eFIX system on our website, new.mta.info.

If you have obtained an RFO prior to the loss or theft of your RFM, you will not be sent a replacement RFM and should use your RFO. If you won't be receiving a new RFM because you have registered for an RFO, please note that in your claim. We will investigate claims of lost or stolen RFMs on a case-by-case basis.

Change of Address

Notices and replacement cards will be sent to you at the address you provide. You must inform us promptly, in writing or by calling 511 or 718-330-1234, of any change of address.

Expiration Dates

Reduced-Fare MetroCards and Reduced-Fare OMNY cards expire on the date printed on the back of the card. As long as you actively use your card, NYC Transit automatically sends you a new RFO before the expiration date.

Restrictions

There are no refunds of money remaining on RFOs. Money remaining on an expired card may only be transferred to a new card within two years of the expiration date.

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Money from a full-fare OMNY Card cannot be transferred to an RFO. No redemptions or exchanges will be given for an RFO that has been altered or tampered with, or whose value cannot be verified.

Balances from a full-fare MetroCard or a full-fare OMNY payment method cannot be transferred to an RFM or an RFO.

Balances cannot be transferred between an RFM and an RFO.

Disclaimer

Neither the MTA, New York City Transit, or any other MTA affiliate or subsidiary, nor any other governmental agency or other entity that operates a transit system on which an RFO or RFM is accepted for payment or eligibility, including, without limitation, the County of Westchester,

shall be liable for any special or consequential damages associated with or resulting from failures, disabling, or malfunctions of the MetroCard or OMNY systems, or of any RFO or RFM.

For more information about RFMs or RFOs, call 511 or 718-330-1234 from 6 a.m. to 10 p.m. If you are deaf or hard of hearing, use the free 711 relay or your preferred relay service provider to contact us. If applicable, have your RFO or RFM at hand so you can read the serial number and expiration date to the customer service agent who assists you. For additional information or assistance, you can also visit a mobile sales bus or van, or visit the NYCT Customer Service Center. The NYCT Customer Service Center is located at 3 Stone Street in Lower Manhattan and is open from 9 a.m. to 5 p.m.

