Geauga Transit Application for Elderly & Disabled (E&D) Reduced Fare

Last Name:		First Name:		
Address:				
City:	;	State:	Zip:	
Phone:		Date of Birth:		
I use the following mobility Wheelchair Scoot		_ Crutches	Other	
limits their mobility or se	lf-care. Please place	an X by the on	ast 65 years old or have a disability that the that applies to the applicant. WE ANT'S AGE OR DISABILITY.	
Elderly	Must be at least 65 years old. Please provide a copy of one of the following documentations: driver's license, birth certificate or state issued ID card.			
Disabled	Must have mobility limitations or self-care limitations. Please provide a copy of one of the following documentations: SSI award letter, SSI Disability award letter or have a licensed physician, health care professional complete the following statement of disability. (Valid for 2 years or duration of temporary disability)			
After review of acc	eptable documentation	a Certificate of	Eligibility Card will be issued.	
(meet	STATEMENT s ADA criteria for M	Γ OF DISABIL obility or Self-C		
Physician's Name:	Please print		Title:	
Physician's Phone Number:			Date:	
Physician's Signature:				
Is the above client's disabi	lity temporary:	Yes	No	
If yes, expected length of t	emporary disability, un	til what date: _	/	
Gear	nd application and suga Transit, 12555 Me-754-5555 TDD: 1		rdon OH 44024	

Geauga Transit Administrator

Date:_____

Approved:_