



## UTA Application for Reduced Fare Card

### 1 What is the Reduced Fare Card?

Utah Transit Authority (UTA) offers reduced fare on fixed route services for qualified people with disabilities and seniors, 65 years and older. After verification, a picture id card will be issued to the qualified applicants.

This guide will provide general information on the program. For additional information please contact UTA at 801-743-3882 or 1-888-RIDEUTA (743-3882) or at the UTA website: [www.rideuta.com](http://www.rideuta.com)

### Transportation Disability Definition

Persons with disabilities are defined by the Federal Transit Administration as persons **“who by reason of illness, injury, age, congenital malfunction, or other incapacity - temporary or permanent disability (including any individual who is a wheelchair user or has semi-ambulatory capabilities), cannot use effectively, without special facilities, planning, or design, mass transportation service or a mass transportation facility.”**

Persons are not considered to have a mass transportation disability and do not qualify for reduced rate are those whose sole incapacity or disability is: pregnancy, obesity, impairment due to un-prescribed drugs or alcohol, controlled epilepsy and persons whose sight or hearing or other disability that can be corrected with mechanical devices.

### 2 Eligibility Requirements

To be eligible for the Reduced Fare, you must provide proof. One of the following documents must be provided:

- **Proof of Age (65 and older) and Photo ID** (may be same item)
- **Medicare Card and Photo ID**
- **Healthcare Provider Statement Form** (see attached form) **and Photo ID**. The form must have been signed and dated by the healthcare provider within the last 45 days.
- UTA will accept photo identification issued by a state or federal agency, an example is a state driver's license, pictured V.A. Card or passport.
- **NO OTHER PROOF OF DISABILITY WILL BE ACCEPTED.**

### 3

#### **How to apply:**

Complete the personal section of the application. Bring application and proof of qualification to one of the following offices:

- Lost & Found - 511 West 200 South, Salt Lake City, UT 84101
- Meadowbrook – 3600 South 700 West, Salt Lake City, UT 84119
- Timpanogos Transit Center – 1145 South 750 East, Orem, UT 84097
- Ogden Transit Center – 2393 Wall Ave, Ogden UT 84401

*Note: The Customer Service Centers will be closed on major holidays.*

### 4

#### **Verification Process**

The verification of your application will be completed by a UTA Customer Service employee. Agent will verify healthcare provider's current licensed status. Upon approval of your eligibility \$ 2.00\* card fee is due. *\*FAREPAY cards are \$2 plus a \$5.00 load.*

The Reduced Fare Card will entitle you to use UTA's fixed route bus, light rail (TRAX) street car and commuter rail (FrontRunner) services at a reduced rate.

*Out of state visitors may use their transit issued reduce fare ID card up to 45 days while waiting for their UTA application to be processed.*

#### **Lost Cards or Damaged Cards**

Lost or damaged cards have a replacement fee of \$2.00.

If it is a FAREPAY card, an additional \$5.00 load may be required.

*\*See "FAREPAY" about loss protection [FAREPAY.rideuta.com](http://FAREPAY.rideuta.com)*

## Application Section

**Applicant Name:** \_\_\_\_\_ (Please Print)

**Street Address:** \_\_\_\_\_ **Apt or Unit Number** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **E-Mail** \_\_\_\_\_

- I am 65 years old or older.
- I have a federally issued MEDICARE card.
- I am a person with a disability (impairment) as described in the Healthcare Professional Verification Section of this application. I affirm under penalty of law that all statements made by me on this application and to the licensed medical provider named on the form; upon whose opinion UTA relies for determination of eligibility status; are true and complete. I understand that all statements made in this application may be subject to verification and inaccurate statements or fraud will disqualify me for the UTA Reduced Fare Card Program.

Initial

I understand that UTA may change its Reduced Fare Card Program without notice. I understand that it is fraud to allow anyone else to use my UTA Reduced Fare Card or for me to use the card if I am no longer eligible as defined by the UTA reduced Fare Card Program. I have read or have had explained to me the rules and regulations of the UTA Reduced Fare Card Program. I agree to abide by the rules of UTA that govern the use of such reduced fare card and understand that failure to do so may result in the loss of this privilege.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian for Minor \_\_\_\_\_ Date \_\_\_\_\_

**Personal Care Attendant:** If a PCA is accompanying you, please identify that person to the operator or transit officer.

**Service Animal:** If your service animal is accompanying you, please let the operator or transit officer know that it is a service animal.

Print (Patient's) Name: \_\_\_\_\_

You must be a licensed healthcare professional in order to complete this form. UTA will use the Utah Division of Occupational and Professional Licensing database as part of our verification process.

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**Healthcare Professional Verification Section** (type or print in ink)

Healthcare Provider's Name \_\_\_\_\_

Healthcare Provider's Address \_\_\_\_\_ Zip: \_\_\_\_\_

License Number \_\_\_\_\_ Telephone number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

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**Duration of Impairment:** I estimate the duration of the impairment will be:

\_\_\_ Permanent (**no expectation to improve**)

\_\_\_ Temporary, indicate anticipated length of impairment \_\_\_\_\_

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**TYPE OF IMPAIRMENT**

**Blindness:** There is central visual acuity of 20/200 or less in the better eye with the use of correcting lenses. An 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.

**Hearing impairment:** With hearing aid, hearing is not restored to one of the following levels:

- Average hearing threshold sensitivity for air conduction of 90 decibels or greater, and for bone conduction to corresponding maximum level in the better, ear, determined by the simple average of hearing threshold levels at 500, 1000 and 2000 Hz or above.
- Speech discrimination scores of 40 % or less in the better ear.

**Mobility Impairment Disorder of Gait** - For whatever reason, the person is unable to achieve community mobility (at all times) without the use of some type of mobility device. The word "unable" is used in its literal sense.

**Cognitive or Learning Disability** – The scores specified below refer to those obtained on the WAIS and are used only for reference purposes. Scores obtained on other standardized and individually administered tests are acceptable but the numerical values obtained must indicate a similar level of intellectual functioning.

- The person is mentally incapacitated such that he/she is dependent upon others for personal needs (e.g. toileting, eating, dressing or bathing) **AND** is

unable to follow direction or is not capable of judgment or decision-making that may result in risk of health and safety for the person and/or others.

- Based on a valid verbal, performance or full scale IQ test, the person has an IQ of 59 or less.
- Based on a valid verbal, performance of full scale IQ test, the person has an IQ of 60-70 **AND** is unable to perform routine repetitive tasks or has a physical or other mental impairment imposing additional and significant limitations of mobility or gait.

**Serious Mental Illness** – The applicant currently meets the criteria for a DSM-IV 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).

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I have examined the applicant (fully identified in the Applicant’s Section of this application). It is my opinion that he/she has impairment(s) that fall within the meaning of the terms set forth in this document.

Healthcare Professional’s: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name

PHOTO COPY NOT VALID

Healthcare Professional’s Signature: \_\_\_\_\_

Do not write below this line. For UTA use only:

**UTA Customer Service Agent to verify complete application process, verification and instructions of use to customer.**

Initial

Applicant presented a Medicare card or proof of age 65 and older along with photo id as proof of qualification for UTA reduced fare program to me.

Initial

Verification of Medical Licensing complete on: \_\_\_\_\_

**Applicant choose:      Monthly Sticker card / RF FAREPAY card**

Circle one

I explained the different options to the customer and gave them a copy of the rules.

Initial