

CERTIFICATION FORM FOR REDUCED FARE

FOR ELDERLY/DISABLED PERSONS

The City of Athens and Athens Public Transit offer reduced fares for senior citizens and disabled persons when using the public transportation services in the City of Athens. ID showing age 65 or older will be accepted as proof of eligibility for the elderly. Disabled persons under the age of 65 must submit this form with the appropriate signature. This form must be signed by a health care professional as defined below.

Applicant's Name _____

Address _____

Birthdate _____

CERTIFICATION OF INFORMATION AND AUTHORIZATION TO PROVIDE INFORMATION

I hereby authorize the completion of the remainder of this form by the professional listed below and release of the form and related information to the City of Athens to be used for transportation purposes.

Signature _____ Date _____

*******To Be Completed by Health Care Professional*******

The following section of the application should be completed by a physician, optometrist, ophthalmologist, psychiatrist, physical or occupational therapist, low-vision specialist or mobility specialist.

THE UNDERSIGNED PROFESSIONAL IS BEING ASKED TO CERTIFY THAT THE APPLICANT IS DISABLED. THE CITY OF ATHENS ASKS THAT THE PROFESSIONAL RECOGNIZE THAT REDUCED FARES ARE PAID FOR BY HIGHER FARES FOR OUR OTHER RIDERS, AND TO SIGN THIS FORM ONLY WHEN THE PERSON IS TRULY DISABLED AS DEFINED ON BACK.

Describe this person's medical diagnosis related to the disabling condition _____

Is this condition temporary? _____yes _____No
If yes, how long will the reduced fare be needed? _____

I, THE UNDERSIGNED HEALTH CARE PROFESSIONAL, DO HEREBY CERTIFY THAT THE ABOVE-NAMED APPLICANT HAS A MENTAL OR PHYSICAL IMPAIRMENT LIMITING SOME LIFE FUNCTION.

Name _____ Title _____

Office Address _____ Phone _____

Agency _____

Signature _____ Date _____