**Agency Name**

**Transit Policies and Procedures**

|  |  |
| --- | --- |
| **Subject** | Discount Fares for Elderly & Disabled Passengers |
| **Section**  | Financial |
| **Effective Date** |  |
| **Approved By** |  |
| **Approval Date** |  |

**Purpose**

Develop a process for elderly and disabled passengers to receive discounted fares.

**Definitions**

*Elderly:* A person 60 years of age or older.

*Disabled:* A person with a mental or physical condition that limits movement, senses, or activities.

**Procedure**

Prepare a written procedure for elderly and disabled passengers to apply for discounted fares. Allow individuals who wish to apply to complete the Elderly and Disabled Application Form and provide written documentation of their age or disability. Applications are available at the Agency office and will be mailed upon request. Completed applications should be submitted to the Agency office in person or by mail.

The Transit Director shall review and approve all applications within a week of receiving each application. Upon approval of an application, the passenger will be entered into the Agency’s database as elderly or disabled which will update the fare on daily manifest to the discounted fare. The Agency will issue the passenger an Elderly and Disabled discount card which must be shown to the Driver upon boarding an Agency vehicle. Initial cards are free. Lost cards will be replaced for a fee.

**Responsibilities**

The Transit Director is responsible for reviewing and approving all applications for reduced fares.

**Example**

See attached template.

**Elderly and Disabled Application Form**

|  |  |
| --- | --- |
| Passenger Name: | Date: |
| Passenger Contact Number: |
| Passenger Address:  |
| Passenger Birthdate: |
| Passenger Disability: |
| Passenger Signature: |

\*Passengers must attach documentation of their age or disability and return to the Agency.

For Agency Use Only

|  |
| --- |
| Form Received Date: |
| Approved by Transit Director: Yes or No |
| If no, state reason: |
| Transit Director Signature:  | Date: |
| Elderly & Disabled Card Issued: Yes or No | Date: |