

**Geauga County 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 device:

Wheelchair \_\_\_\_\_ Scooter \_\_\_\_\_ Cane \_\_\_\_\_ Crutches \_\_\_\_\_ Other \_\_\_\_\_

In order to qualify for the E&D fare, the applicant must be at least 65 years old or have a disability that limits their mobility or self-care. Please place an X by the one that applies to the applicant. **WE MUST HAVE DOCUMENTATION SUPPORTING APPLICANT'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, SS 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 acceptable documentation a Certificate of Eligibility Card will be issued.

**STATEMENT OF DISABILITY**  
**(meets ADA criteria for Mobility or Self-Care Limitations)**

Physician's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Please print

Physician's Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Is the above client's disability temporary:     Yes     No

If yes, expected length of temporary disability, until what date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Send application and supporting documentation to:**  
**Geauga County Transit, 12555 Merritt Rd., Chardon OH 44024**  
Phone: 440-279-2150 or 1-888-287-7190    TDD: 1-800-750-0750    Fax: 440-285-9476

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Geauga County Transit Administrator