



## Reduced Fare Certification Form for Elderly and Disabled Persons

PLEASE FILL OUT ALL APPLICABLE SECTIONS

First Name:

Last Name:

Date of Birth:

Address:

City:

State:

Zip:

Phone Number:

An applicant can qualify for the Reduced Fare based on age or disability. Please check the appropriate box:

☐ I am age 65 or older

☐ I have a disability which means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment. Major life activities include but are not limited to, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work.

Is your disability temporary?    Yes      No

If it is a temporary disability, what is the date expected to end?

Is attendant care necessary for you while traveling on public transportation?      Yes      No

I understand that the purpose of this certification form is to determine eligibility for a reduced fare and therefore agree to release the information below to LINK for this purpose. I understand that the completed form will remain on file with LINK but will not be made available to any other person or authority. I certify that to the best of my knowledge the information contained on this form is correct.

Signature:

Date:

Applications may be returned via mail or in person to the Aging and Disability Resource Center at 8600 Sheridan Road, Kenosha, WI 53143 or given to a LINK driver. For further information or questions on reduced fares for LINK please call 262-605-6615

### *For Office Use Only*

Type of card presented:    Driver's license/State ID    Medicare    Paratransit    Other      Card Number:

Reduced Fare Card Number Issued:      Date Issued:      Expires:      Staff Initials