

Potomac and Rappahannock Transportation Commission

14700 Potomac Mills Road, Woodbridge, VA 22192-6811

(703) 730-OMNI (6664)



Potomac and Rappahannock
Transportation Commission

OmniLink/OmniRide Reduced Fare Card Eligibility Application

PART I to be completed by applicant.

(PART II, on the reverse, to be completed and signed by a medical certifier, if required.)

Name _____

Address _____

City _____ State _____ Zip _____

Telephone: Day (____) _____ Evening (____) _____

Male _____ Female _____ Date of Birth _____

Check all that apply:

Wheelchair Walker Guide Dog Companion

Other, please explain: _____

Do you require door to door service? Yes No

If yes, please explain: _____

I am eligible to receive a Reduced Fare Card for the following reason(s):

I am age 60 years or older. (***Attach a photocopy of a government-issued photo ID showing date of birth.***)

I have a mobility limitation or other disability. (***Must have a medical certifier complete the reverse side.***)

I am a Medicare cardholder (***Attach a photocopy of your Medicare card.***)

Please read the following statement carefully. If you agree, please sign and return the completed application to the above address.

I certify that the information provided herein is true and accurate to the best of my knowledge. I understand that my application is subject to review and verification and that misrepresentation of any information will lead to the possible revocation of my certification.

PART II

Part II to be completed by a physician or any one of the following state or nationally certified professionals: Physical Therapist, Occupational Therapist, Rehabilitation Counselor, Registered Nurse, or Social Worker.

Eligibility Criteria: Please circle the eligibility criterion that pertains to the applicant.

- A. Is required to use a wheelchair.
- B. Has an impairment that prohibits standing alone for ten (10) minutes or more and requires the use of a crutch, cane, brace, walker, or other assistance.
- C. Has an impairment that prohibits holding coins, tokens, or dollar bills or grasping stanchions or hand rails.
- D. Cannot climb a flight of three (3) steps with an eight (8) inch rise, and also cannot walk one hundred yards on a level surface of grade without pause.
- E. Is legally blind and unable to use mass transit. The definition of legal blindness is “central visual acuity of 20/200 or less in both eyes with best correction or visual field restriction of 20 degrees or less.”
- F. Has a diagnosis of mental retardation or development disability, head injury, or Alzheimer’s Disease or related disorders, and has a cognitive impairment (inability to follow verbal, written, or pictorial directions) which causes disorientation or confusion while using mass transit, or demonstrates problematic stimulation such as crowds and noise.
- G. Pregnancy that prohibits standing in a moving vehicle for ten (10) minutes or more.

Is the disability permanent? _____ Is the disability temporary? _____
If temporary, for how long (in months)? _____

Do any of the following pertain to the applicant?

- | | Yes | No |
|--|-------|-------|
| 1. Has a medical condition that prevents him/her from using a seat belt. | _____ | _____ |
| 2. Must travel with an escort or companion.
(If “Yes”, applicant will be required to travel with an escort at all times.) | _____ | _____ |
| 3. Requires the assistance of a guide animal in _____ order to travel. | | |

This information reflects my professional judgment that the applicant is eligible according to the criteria established here.

Certifier’s Name: _____
Profession: _____
Address: _____
Telephone Number: _____ Registry/State Certification Number: _____
Certifier’s Signature: _____ Date: _____

To be completed by PRTC

Authorized by: _____
Date: _____

Permit Number: _____