

Reduced Fare Program for People with Disabilities

Under this program, people with disabilities may travel on Metrobus and Metrorail for half the regular (rush hour) fare at all times.

Who should apply

People with disabilities who can use the accessible bus and rail public transportation. See page four for guidance on submitting the completed application. The minimum age to apply for this program is 5 years old.

Who is not eligible

People whose sole incapacity is pregnancy, obesity, acute or chronic alcoholism or drug addiction or have a contagious disease. Financial need is NOT a consideration.

Senior Citizens

People 65 years or older automatically qualify for reduced fares through the Senior SmarTrip®. Senior citizens can purchase a Senior SmarTrip® card by showing a valid photo ID with proof of age at any Metro Sales office, commuter store or other select retail outlet. **People 65 years or older cannot be issued a Reduced Fare/SmarTrip® card.**

Medicare Recipients Under 65 Years of Age

Medicare recipients under the age of 65 automatically qualify for reduced fares and do not need to complete an application. To receive the Reduced Fare/SmarTrip® card, Medicare recipients under 65 years of age must bring a valid photo ID and their original valid Medicare ID card to the Transit Accessibility Center at the address below.

Disabled Veterans

Disabled Veterans who have been granted a 60% or greater disability rating by the Department of Veterans Affairs do not need to complete Part B or C of the application. The applicant must appear in person at the Metro Transit Accessibility Center, 600 5th Street, NW, Washington, DC with a valid photo ID and an original or recently downloaded letter of disability notification issued by the Department of Veterans Affairs. Disabled Veterans rated at 100% can show their valid DD Form 2765 Department of Defense Uniformed Services ID card in lieu of an award letter.

Completing the Application

1. Read the entire application and complete Part A on page two.
2. Take the application to your healthcare professional for certification of Part B & Part C on page three. One of the following health care professionals must certify you to qualify for a Metro Disability ID Card: Physician, Physician's Assistant, Nurse Practitioner, Audiologist (hearing disabilities only), Optometrist (visual disabilities only), Podiatrist (foot and ankle disabilities only), Licensed Clinical Psychologist (psychiatric disabilities only) or Certified School Psychologist.
3. **Healthcare professionals must review Part C Guidelines for Health Care Professionals on page 3.**

Washington Metropolitan Area Transit Authority | Transit Accessibility Center
600 5th Street NW | Washington DC 20001 | 202-962-2700
Between Judiciary Sq and Gallery Place Metrorail stations



Part A: Applicant Information and Release

Please provide all information in print or type.

Name (Last, First, MI): _____ Date of Birth: _____

Street Address: _____ Apartment: _____

City, State, Zip: _____

Phone / TTY/Relay: _____

E-mail: _____ Gender (circle): M F

Previous ID Cardholder (Circle) Yes No

60+% Disabled Veteran (Circle) Yes No

Local Emergency Contact _____ Relationship: _____

Address: _____ Phone: _____

I authorize the health care professional completing this application to release to the Washington Metropolitan Area Transit Authority (Metro) information about my disability.

Original Signature of Applicant (under 18, signature of parent or guardian)

Date

Part B: Health Care Professional Certification

Please provide all information in print or type.

Part B must be completed by a licensed or certified health care professional (see page one) and must be received by Metro within 60 days of the health care professional's signature. Information on this application will remain on file with Metro and is not subject to public review.

Name of Health Care Professional: _____

License Number/State Issued: _____ Phone: _____

Address: _____ City, State, Zip: _____

Check one: Physician: (Specialty) _____
 Physician's Assistant Nurse Practitioner Audiologist Podiatrist
 Optometrist Licensed Clinical Psychologist Certified School Psychologist

Review Part C: Guidelines for Health Care Professionals on page two and provide all appropriate guideline number(s) and detailed information below regarding the applicant's disability. Specific DSM or ICD code(s) and a specific diagnosis are required. (MUST BE COMPLETED TO DETERMINE ELIGIBILITY)

Guideline Number(s) _____ DSM Code(s) _____ or ICD Code(s) _____ Specific Diagnosis _____

Does the applicant require a personal care attendant to use public transportation all or sometimes? _____ Yes _____ No
(Healthcare Provider Initial)

Original Signature of Health Care Professional

Date

False certification may be reported to the licensing agency under District of Columbia Code Annotated, Section 2-3305.15, Code of Virginia 54.1-2915, or Maryland Health Occupations Code Annotated 14-404 or appropriate code for state of license or certification. Metro reserves the right to: (1) verify the validity of the license of the health care professional providing the certification, (2) make the final determination on an applicant's eligibility for the Metro Reduced Fare Program, and (3) retain a copy of this application.

WMATA USE ONLY

ID Card No. _____ Issued by _____ Expiration date _____
SmarTrip® card # _____ Issued date _____

Part C Guidelines for Health Care Professionals

The following guidelines are to be used to determine eligibility for the Metro Reduced Fare Program for People with Disabilities.

Health care professionals with questions, please call 202-962-2700.

1. **NON-AMBULATORY:** An individual is unable to walk and requires the use of a wheelchair or other mobility device.
2. **SEMI-AMBULATORY:** An individual has a chronic condition which **substantially limits the ability to walk**, or is unable to walk without the use of a caliper leg brace, walker or crutches.
3. **AMPUTATION:** An individual has an amputation of one or both hands, arms, feet or legs.
4. **STROKE:** An individual has **substantial functional motor deficits** in any of two extremities, loss of balance and/or cognitive impairments three months post stroke.
5. **NEUROLOGICAL CONDITIONS OTHER THAN STROKE:** An individual has difficulty with coordination, communication, social interaction and/or perception from a brain, spinal or peripheral nerve injury or illness, has functional motor deficits, or suffers manifestations that **significantly reduce mobility**. A specific diagnosis is required.
6. **PULMONARY OR CARDIAC CONDITIONS:** An individual has a pulmonary or cardiac condition resulting in **marked limitation of physical functioning and dyspnea** during activities such as climbing steps and/or walking a short distance. **If diagnosis is asthma, please state whether:** a) individual has been on systemic medication for the immediate past six months, OR b) individual has been required to use fast acting inhaler for three or more episodes per week for the immediate past six months. A specific diagnosis is required.
7. **BLIND OR LOW VISION:** An individual is legally blind, whose visual acuity in the better eye, with correction, is 20/200 or less, or who has tunnel vision to 10 degrees or less from a point of fixation or so the widest diameter subtends an angle no greater than 20 degrees. An individual has low vision, and whose visual acuity is in the range of 20/70 to 20/200 with best correction.
8. **DEAF OR HARD OF HEARING:** An individual with a pure tone average greater than 70 dB in both ears, regardless of use of hearing aids.
9. **EPILEPSY:** An individual has had at least one tonic-clonic seizure within the past four months.
10. **DEVELOPMENTAL OR LEARNING DISABILITIES:** An individual has a **significant learning, perceptual and/or cognitive disability**. Some conditions are excluded from eligibility such as attention deficit disorder (ADD) and ADHD. A specific diagnosis is required.
11. **MENTAL ILLNESS:** An individual whose mental illness includes **a substantial disorder** of thought, perception, orientation, or memory that impairs judgment and behavior. A specific diagnosis is required.
12. **CHRONIC PROGRESSIVE DEBILITATING CONDITIONS:** An individual who experiences debilitating diseases, autoimmune deficiencies or progressive and uncontrollable malignancies, any of which **are characterized by fatigue, weakness, pain and/or changes in mental status that impair mobility**. A specific diagnosis is required.
13. **Financial need is NOT a consideration.**

Submitting your application

Bring the **original, completed** application to the Transit Accessibility Center located on the lobby level of Metro Headquarters, 600 5th Street, NW. Applications are processed on Mondays, Wednesdays, Thursdays and Fridays from 8:15 a.m. to 3:50 p.m., Tuesdays from 8:15 a.m. to 2:20 p.m. The office is closed on weekends and federal holidays. The application must be received by Metro within 60 days of the healthcare professional's signature. Applications will not be accepted by mail or fax.

Eligible applicants must bring

The original, completed application, a valid photo ID (One of the following: Drivers' license, non-drivers ID, passport, government or school-issued ID card). Disabled Veterans must bring their original or downloaded letter of disability notification issued by the Department of Veterans Affairs or DD Form 2765 if rated at 100% and the original, completed part A of the application. Medicare recipients under the age of 65 must bring a valid photo ID and a current Medicare card.

Groups

For large groups of ten or more, contact the Transit Accessibility Center at 202-962-2703 or traveltraining@wmata.com for information about arranging an on-site photo ID session.

Ownership of a Metro Disability ID card

The valid Metro Disability ID Card must be in the possession of the cardholder at all times while riding Metrobus and Metrorail. The Reduced Fare SmarTrip® ID card must be presented when paying by cash on Metrobus, or on demand to Metro Transit Police Officers, Metrobus operators, and

Metrorail station managers. Metro Reduced Fare/ SmarTrip® ID cards used in any unlawful manner will be confiscated.

Replacing a lost card

ALL REDUCED FARE CUSTOMERS MUST PERIODICALLY RENEW THEIR ELIGIBILITY FOR THE PROGRAM WITHIN 60 DAYS OF THE EXPIRATION DATE FOUND ON THE FRONT OF THE REDUCED FARE ID CARD.

If you lose your valid Metro Reduced Fare/ SmarTrip® ID card, you may obtain a replacement. A fee of \$10 is charged for the first replacement and \$25 for each subsequent replacement. The fee may be waived upon receipt of a police report **documenting theft** of your Metro Reduced Fare/ SmarTrip® ID, or if the card is tattered or damaged.

Renewing your card

You must complete a new application to renew your Metro Reduced Fare/SmarTrip® ID Card. You can't reapply more than 30 days prior to the current expiration date on your Reduced Fare/ SmarTrip® ID.

Appeal process

If you are determined ineligible for the Reduced Fare Program for People with Disabilities, you may appeal the decision. To obtain a copy of the Reduced Fare Program Appeal Process, contact the Metro Office of ADA Programs at 202-962-1100 or adap@wmata.com.

Learn how to use Metro

Metro can help customers with disabilities learn how to use the Metro system for travel around the region. For more information, or to schedule a free travel training session, please contact 202-962-2703 or traveltraining@wmata.com.

Eligibility determinations are governed by the Metro Reduced Fare Program policies in effect on the date the application is received by the Transit Accessibility Center.