

# **RCTB**    **RICHLAND COUNTY TRANSIT BOARD**

35 N. Park St.

419-774-5684

Mansfield, Ohio 44902

Fax 419-774-5685

## **CERTIFICATION FORM – REDUCED FARE FOR DISABLED PERSONS**

The Richland County Transit Board offers reduced fares for persons age 65 or older, or disabled persons, with proper identification. A valid Driver's License or State of Ohio ID will be accepted as proof of age, or a Medicare Card will be accepted as proof of disability. Disabled persons under the age of 65, without a Medicare Card or a previously issued RCT Disabled Persons ID card, must submit this form with the appropriate signature. This form must be signed and returned to the address shown above.

**\*\*Please Print\*\***

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

\*\*\*\*\* To Be Completed by Health Care Professional \*\*\*\*\*

The following section of the application should be completed by a physician, optometrist, ophthalmologist, psychiatrist, physical or occupational therapist, low-vision specialist, mobility specialist, or other professional that is qualified to make this certification.

**THE UNDERSIGNED PROFESSIONAL IS BEING ASKED TO CERTIFY THAT THE APPLICANT IS DISABLED. RCT ASKS THAT THE PROFESSIONAL RECOGNIZE THAT REDUCED FARES ARE PAID FOR BY HIGHER FARES FOR OUR OTHER RIDERS, AND TO SIGN FORMS ONLY WHEN THE PERSON IS TRULY DISABLED.**

Is the disabling condition temporary?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If Yes, how long should it last? \_\_\_\_\_

**I, THE UNDERSIGNED PROFESSIONAL, DO HEREBY CERTIFY THAT THE ABOVE-NAMED APPLICANT HAS A MENTAL OR PHYSICAL IMPAIRMENT LIMITING SOME LIFE FUNCTION.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Office Address \_\_\_\_\_ Phone \_\_\_\_\_

Agency \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon receipt of this form, a Reduced Fare Certification card will be mailed to the approved individual. The completed form may be returned by US mail to the address above, faxed, or sent via electronic mail to [kadams@rcrpc.org](mailto:kadams@rcrpc.org).