



Advantage Reduced Fare Program

Dear Rider:

Please read the enclosed application carefully. The information you submit will be used to determine if you are eligible to receive a Reduced Fare ID card. There is no cost for the initial ID card; however, there is a replacement fee. The card will need to be renewed periodically, which will depend on the type of card for which you are eligible. The renewal process follows the same procedure as below:

Please follow these directions carefully:

1. Print clearly and fill out the section of Part 1 and 2 of the application that applies to you.
2. Have your Health Care Professional complete and sign Part 3 of the application.
3. Return the completed application to:

Reduced Fare Program/Lost and Found
455 North Garland Avenue
Orlando, Florida 32801
407-841-5969, Option 2

Hours: Mon-Fri, 8:30 am-4:30 pm
3rd Saturday of every month, 9 am-1 pm

Please note: Your application for a reduced fare due to a disability will be processed within five to seven business days. Once your application has been processed, you will be notified by mail or email regarding your eligibility.

If you have a Medicare Card and proof of identity, or if you have an award letter from Social Security dated within the previous 90 days indicating that you are receiving disability benefits and proof of identity, we may waive the processing time.

Senior Citizens age 65 or older need only fill out page one of the application and show proof of age. Senior Advantage IDs are valid for 10 years.

Advantage Reduced Fare Program Application

For Office Use Only

File Number _____ Issued Date _____ Expiration Date _____

PART 1: APPLICANT STATEMENT

LAST NAME: _____ FIRST: _____

STREET ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

BIRTH DATE: _____ PHONE: _____ EMAIL: _____

Please answer the following questions:

1. Do you have a Medicare card? (Must Attach Copy) Yes _____ No _____
2. Are you an ACCESS LYNX rider? Yes _____ No _____
3. Do you receive SSI Benefits for a disability? Yes _____ No _____
4. Do you receive Disabled Veteran Benefits? Yes _____ No _____
5. Do you have a cognitive disability? Yes _____ No _____
6. Do you have a physical disability? Yes _____ No _____
7. Are you able to board a bus without assistance? Yes _____ No _____
8. Are you able to use the bus system for the general public? Yes _____ No _____
9. Please list any public service agencies that you receive services from: _____

Verification of Eligibility Form (Part 3) must be completed by a health care professional. If you have MEDICARE, please make a copy of your card and attach it to Part 1).

I certify that the above information is true and correct. I understand that if this application is approved, I will be eligible, by reason of disability, to ride LYNX buses for the reduced fare.

Applicant's Signature _____ Date _____

Please note: Your answers will be verified by our system records.

PART 2: AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

This form is to be completed by you the applicant and not by your health care professional.

To assist in determining eligibility for the LYNX Advantage Reduced Fare ID card, it may be necessary to contact a qualified professional or your physician to obtain specific information on how your disability affects your usage of the fixed-route bus service. Disability verification by a qualified health care professional or physician does not guarantee eligibility for the LYNX Advantage Reduced Fare ID cards, but it can assist in the eligibility determination process. It is important that any professional who verifies another individual's disability be familiar not only with that person's particular disability, but also with the individual's ability or inability to travel on the fixed-route bus system.

Example of a Qualified Health Care Professional includes, but is not limited to:

Licensed Physician	Physical Therapist
Rehabilitation Counselor	Occupational Therapist
Orientation and Mobility Specialist	Social Worker
Case Manager	

Please identify at least one professional who is familiar with your disability and your ability to use the fixed-route bus service, which we may contact for additional information, if necessary.

Name and Title of Professional: _____

Address: _____

Agency (if applicable): _____ Phone: _____

Name and Title of Professional: _____

Address: _____

Agency (if applicable): _____ Phone: _____

I authorize the release of information to LYNX personnel concerning my disability and its affect on my ability to use and travel on the fixed-route bus system. I understand that I may revoke this authorization at any time by written notice.

Applicant's Name (Please Print) _____

Applicant's Signature _____ Date _____

PART 3: VERIFICATION OF ELIGIBILITY

Health Care Professional, please print clearly and fill out this form completely.

The information you provide must be based solely upon the applicant having an actual physical and/or cognitive limitations.

Applicant's Name: _____

Does the applicant have a cognitive disability? Yes _____ No _____

If yes above, please check the level of cognitive impairment. (**An explanation is required in order for this application to be processed.**)

Mild _____ Moderate _____ Profound _____ Severe _____

Cognitive Disability Diagnosis/Explanation: _____

Does the applicant have a physical disability? Yes _____ No _____

If yes above, please describe the nature of the applicants' physical disability. (**An explanation is required in order for this application to be processed.**) **Diagnosis/Explanation:** _____

PROFESSIONAL CERTIFICATION

I certify that the above named person has a cognitive and/or physical disability which makes it more difficult for him or her to use the public bus system and is thus deserving of a reduced fare identification card.

Signature _____ Date _____

Professional License Number: _____ State Issued: _____

Print Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Ext. #: _____ Contact Person: _____