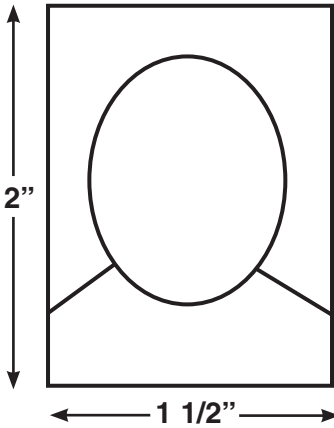


# Application for MTA Reduced-Fare Program for People with Disabilities



ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL



Attach Photo Here

## Mail Completed Application to:

Metropolitan Transportation Authority  
 Attention: Reduced-Fare Program  
 130 Livingston Street  
 Brooklyn, New York 11201-9625

Application must be completed in English.  
 Type or print in ink and sign where indicated.

For further information or additional copies of this Application or the Application for Senior Citizens, visit [mta.info](http://mta.info) or call 511 or 718-330-1234. If you are Deaf or hard of hearing, use the free 711 relay or your preferred relay service provider to contact us or visit [mta.info](http://mta.info).

### Section 1: Customer Information

Last Name:

First Name:  M.I.

Mailing Address:  Apt. No.

City:  State:  Zip:  -

Is this a mobile phone?  YES  NO

Phone:  -  -  Date of Birth:  -  -   
M M D D Y Y Y Y

Email:

## INFORMATION FOR ALL APPLICANTS

The Metropolitan Transportation Authority's (MTA) Reduced-Fare Program for people with disabilities provides reduced-fare transportation for persons with the following disabilities:

- Receiving Medicare benefits for any reason other than age<sup>1</sup>
- "Serious mental illness" (SMI) and receiving Supplemental Security Income (SSI)
- Blindness
- Deafness or Hearing Loss
- Ambulatory Disability
- Cognitive Disability
- Other Physical Disability

If you do not have one of these disabilities, you are not eligible for the Reduced-Fare Program.

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Read the entire form carefully before you apply.

- (1) Provide a photocopy of a valid photo ID (such as a driver's license, passport, IDNYC, or valid state ID).
- (2) Sign the affirmation in Section 1A.
- (3) Provide a passport-type photo (1 ½" x 2") with this application. Write your name on the back of the photo and attach it where indicated on the front of this application. You are responsible for any fees for obtaining a passport photo.
- (4) Provide documentation of your disability. See Section 2B for the certification requirements.
- (5) Have a physician or other licensed health care provider complete Section 2. You are responsible for any fees your physician may charge.

The MTA may accept or reject documentation you provide or ask for additional proof of disability. In its discretion, the MTA may waive application requirements on a case-by-case basis or require that the applicant be examined by its own physician at the MTA's own expense.

If the MTA determines that you are eligible for the program, you will receive a Reduced-Fare transportation benefit. You may be asked to re-certify for the Reduced-Fare Program after four years from the date your transportation benefit is issued.

The Reduced-Fare Program benefit is valid only if you are disabled as stated in your application. If at any time you are no longer disabled as described, your eligibility for the Reduced-Fare Program automatically ceases; you are no longer permitted to use the Reduced-Fare benefit.

<sup>1</sup> If you receive Medicare benefits because you are 65 years or older, use the Application for Senior Citizens.

**SECTION 1: CUSTOMER INFORMATION (continued)**

**A. Applicant's Disability Affirmation:**

I have read and understand all the program information, instructions, and conditions of use contained in this application. I affirm under penalty of perjury that all statements made by me on this application and to any Certifier (physician or other licensed professional) who is named in this application, including all statements, if any, concerning my disabilities, are true and complete. I understand that the MTA will rely on the statements made by me and by any Certifier named in this application to determine my eligibility for the Reduced-Fare Program, that all such statements may be subject to investigation and verification, and that a material misstatement or fraud will disqualify me for reduced-fare privileges. I understand that the MTA may discontinue or change its Reduced-Fare Program without notice. If the MTA determines that I have not followed the Reduced-Fare Program Conditions of Use, I understand that my Reduced-Fare Program benefit will be cancelled, and I will not be eligible to reapply for the Reduced-Fare Program. I understand that it is a crime to allow anyone else to use my Reduced-Fare Program benefit or for me to continue to use the benefit if I am no longer disabled as defined by the Reduced-Fare Program.

<p>X _____ Signature of Applicant or Personal Representative</p>	<p>_____ Date</p>
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**Personal Representative Information**

If the application is completed on behalf of the applicant, a personal representative must complete the following:

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.(s): \_\_\_\_\_

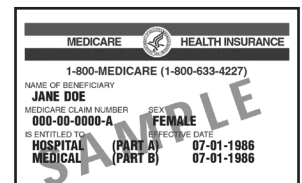
Relationship to Applicant: (e.g., parent, guardian, attorney, friend, etc.)

**B. Applicant's Statement of Eligibility:**

**My application for reduced fare is based on one or more of the following (check all that apply):**

- I am a Medicare recipient for reasons other than my age.**

Applicant must attach a passport-type photo and a copy of Medicare Card to this application.



**I currently receive Supplemental Security Income (SSI) benefits from the United States Social Security Administration (SSA) and have a serious mental illness.**

I understand that I must provide a recent "Notice of Entitlement" letter for SSI Eligibility from SSA and the date on the SSI Eligibility letter must be within two months of the date my application is submitted to the MTA.

I understand that I am eligible to receive the Reduced-Fare Program benefit only while I am receiving SSI. In the event that my SSI eligibility status changes, I agree to immediately notify the MTA.

The following Certification for MTA Reduced-Fare Eligibility Application Based on Serious Mental Illness and Receipt of SSI Benefits must be completed by a psychiatrist or other licensed mental health professional ("Certifier").

**Certifier Information:**

Name (Last)	(First)	(M.I.)
Office Address		Suite/Room No. or Floor
City	State	Zip Code
		State Professional License No.
Telephone ( )	Best Time to Call	

**Certification**

I have examined the applicant for Reduced-Fare who is named on this application. It is my professional opinion that the named applicant is a disabled person with a "Serious Mental Illness" as follows:

- Serious Mental Illness - The applicant currently meets the criteria of a Diagnostic & Statistical Manual of Mental Disorders (DSM) diagnosis other than (I) alcohol or drug disorders, (II) developmental disabilities, (III) dementia or mental disorders due to general medical conditions, except those with predominant psychiatric features, or (IV) social conditions (V-codes): AND experiences substantial dysfunction in a number of areas of role performance or is dependent on substantial treatment, rehabilitation, and support services in order to control or maintain function capacity. Further, the person has experienced substantial impairments in functioning due to mental illness for an extended duration.

**INDICATE THE DSM DIAGNOSIS (CERTIFIER MUST INCLUDE THIS INFORMATION):**

Certifier's Signature	Date
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**NOTE: APPLICANT MUST COMPLETE AUTHORIZATION TO DISCLOSE MY HEALTH INFORMATION IN SECTION 3** Applicants who do not have Medicare or SSI, and who are eligible under one of the below disabilities, must have a physician or licensed healthcare provider complete Section 2. The applicant must also complete and sign Section 3: Authorization to Disclose My Health Information. A copy must be provided to the Certifier.

- I am an individual with one or more of the following disabilities (check all that apply):
- Deafness or hearing loss
  - Ambulatory disability
  - Cognitive disability
  - Other physical disability
  - Blindness - as defined in section 2 Disability Certification **If you are registered with the NYS Commission for the Blind, you may submit a copy of your NYSCB identification card instead of completing Section 2 - Physician's Certification.**

**SECTION 2: DISABILITY CERTIFICATION**  
(To be completed by Physician or Licensed Healthcare Provider)

**A. Physician/Certifier Information:**

Name (Last, First, MI): \_\_\_\_\_

Office Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Best Time of Day to Call: \_\_\_\_\_

State Professional License No.: \_\_\_\_\_

**B. Physician/Certifier Certification:**

I have examined the applicant \_\_\_\_\_ and signed the back of their photograph that is attached to this application. It is my professional opinion that they are a "person with a disability" within the meaning of the term set forth in this document, as follows (check all that apply):

**Blindness** – There is central visual acuity of 20/200 or less in both eyes with the use of correcting lenses. Each eye which, accompanied by limitation in the field of vision such that the widest diameter of the visual field subtends an angle of greater than 20 degrees, shall be considered as having central visual acuity of 20/200 or less.

**Deafness or Hearing Loss** – With hearing aids, hearing in each ear is NOT restored to one of the following minimum levels: (i) Average hearing threshold sensitivity for air conduction of 90 decibels or greater, and for bone conduction to corresponding maximum levels, determined by the simple average of hearing threshold levels at 500, 1,000 and 2,000 HZ; or (ii) Speech discrimination scores of 40% or less in each ear.

**Ambulatory Disability** – The applicant requires the use of a mobility/ambulation aid in order to navigate the transit system. Please circle the mobility device(s) the applicant uses:

Wheelchair      Medical Stroller      Cane      Crutch(es)      Walker

Other: \_\_\_\_\_

**Cognitive Disability** – Due to the cognitive disability, the applicant cannot use MTA services or facilities without special planning or design. For example, customers with cognitive disabilities who have had travel training or travel with a personal care attendant (PCA) may be eligible.

**Other Physical Disability** – The applicant has an amputation or other physical disability that makes it impossible for them to use the system without extra planning.

**C. For each box checked above, please provide a diagnosis:** \_\_\_\_\_

\_\_\_\_\_

**D. Permanent or Temporary Disability:** I estimate that the duration of the applicant's disability(ies) will be:

Permanent (more than 12 months)

Temporary (more than 3 but fewer than 12 months)

Please specify: \_\_\_\_\_ months

X \_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**SECTION 3: AUTHORIZATION TO DISCLOSE MY HEALTH INFORMATION**

1. I, the undersigned applicant, hereby authorize the following Physician/Certifier (“you”) to disclose the information specified in Section 2 to: MTA Reduced-Fare Program, 130 Livingston Street, Brooklyn, NY 11201.
2. You are authorized to complete Section 2, “Disability Certification” of my MTA Reduced-Fare Program application and send it to the MTA. If contacted by the MTA, you are authorized to discuss the information you have provided with a representative of the MTA Reduced-Fare Program.
3. This authorization is effective until the date of the termination of my receipt of MTA Reduced-Fare benefits.
4. I am requesting that you disclose this health information to enable the MTA to determine my eligibility for reduced-fare transportation benefits.
5. I understand that my authorization is voluntary and that I may revoke it at any time by notifying you in writing. I understand that if I do so, it is effective only to prevent any additional disclosure after the date I give you my notice. It does not apply to disclosures that you made while my authorization was in effect.
6. I understand that once my health information is disclosed as authorized by me in this form, it may no longer be subject to privacy protections if the authorized recipient is not obligated under law to protect the privacy of my health information.
7. I understand that you may not condition my treatment, payment, enrollment or eligibility for benefits from you on my granting an authorization for disclosure/release of my health information.

Physician/Certifier Name (Last, First, MI): \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

<input checked="" type="checkbox"/> _____ Signature of Applicant or Personal Representative	_____ Date
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Applicant’s Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Personal Representative Information (if applicable):**

I am the personal representative of the individual requesting disclosure of health information whose name and address appear above. This individual has authorized me to complete this form on their behalf.

Signature of Personal Representative: \_\_\_\_\_ Date : \_\_\_\_\_

Print Name of Personal Representative: \_\_\_\_\_ Tel No : \_\_\_\_\_

Address: \_\_\_\_\_

# MTA Reduced-Fare Program Terms and Conditions of Use

Updated February 3, 2025

These terms and conditions of use (the “Conditions of Use”) apply to the Metropolitan Transportation Authority’s (“MTA”) Reduced-Fare Program participants who use a Reduced-Fare OMNY payment method to access the Eligible Transit Systems set forth herein (collectively, “you” and “your”). The Reduced-Fare Program is available to people 65 years of age and older and people with qualifying disabilities (the “Reduced-Fare Program”), and is managed by MTA New York City Transit Authority (“NYCT”). These Conditions of Use only apply to those Reduced-Fare Program participants who use a Reduced-Fare OMNY payment method described below. For Reduced-Fare Program participants who use a Reduced-Fare MetroCard (“RFM”), please refer to [mta.info/fares/reduced-fare/terms-conditions](https://mta.info/fares/reduced-fare/terms-conditions) for RFM conditions of use.

BY USING A REDUCED-FARE OMNY PAYMENT METHOD, YOU AGREE TO BE BOUND BY THESE REDUCED-FARE PROGRAM TERMS AND CONDITIONS OF USE.

## 1. Reduced-Fare Program OMNY payment methods

Reduced-Fare Program participants may pay their Reduced-Fare Program fare with either: (i) a Reduced-Fare OMNY Card (“RFO Card”), or (ii) a personal contactless payment method (such as credit/debit card, mobile wallet on a smartphone or wearable device) to which their Reduced-Fare Program benefit is linked (each, an “RFO”), not both.

Example: If you link your Reduced-Fare benefit to a debit card in the mobile wallet of your smartphone, the physical RFO Card will not be usable with OMNY. In this scenario, you will only be able to use your smartphone to tap in the Eligible Transit Systems for a half-fare payment.

The Reduced-Fare benefit can only be associated with a single, personal credit/debit card or smart device. Any other versions of the same underlying credit/debit card account used as an RFO will be blocked by the OMNY system.

Example: If you link your Reduced-Fare benefit to a debit card in the mobile wallet of your smartphone, the physical version of that debit card will not be usable with OMNY. In this scenario, you will only be able to use your smartphone to tap in the Eligible Transit Systems for a half-fare payment.

## 2. Reduced-Fare Program Eligibility

Eligibility for and use of an RFO are subject to all tariff provisions, rules and regulations of the MTA and its affiliates and subsidiaries, including the NYCT, and the Eligible Transit Systems set forth herein.

## 3. Sharing RFO is Strictly Prohibited

An RFO may only be used by the Reduced-Fare Program participant to whom it was issued. Use of an RFO or by any person other than the Participant will result in suspension of the RFO and any remaining balance, and may result in civil and/or criminal penalties and termination of Reduced-Fare Program membership.

## 4. Eligible Transit Systems

Your RFO is accepted on the following transportation systems (the “Eligible Transit Systems”): (a) to pay the Reduced-Fare Program half fares on NYCT subways, NYCT and MTA Bus local buses, NYCT and MTA Bus express buses during non-peak hours (full fare applies during peak hours), Roosevelt Island Tram, Hudson Rail Link, and the Staten Island Railway; and (b) to pay the AirTrain JFK full fare at AirTrain JFK.

If you use Nassau Inter-County Express (NICE) or Westchester Bee-Line bus services, you can request an RFM from the MTA until OMNY is available on these services.

## 5. Issues Using RFOs

**a. Reduced-Fare OMNY Card:** If your RFO Card is not working, you should first confirm that the card is in an active state with sufficient fare to travel by: (a) tapping the card at an OMNY vending machine, (b) linking the card to a registered online OMNY Account, or (c) calling OMNY Customer Service for support at 877-789-6669.

If your RFO Card is active with sufficient fare but is still not working, you may request a replacement in person at an NYCT Customer Service Center or at an MTA mobile sales vehicle. Visit [mta.info/csc](https://mta.info/csc) for locations and hours for NYCT Customer Service Centers, or visit [mta.info/fares/mobile-sales](https://mta.info/fares/mobile-sales) for MTA mobile sales vehicle schedules.

**b. Personal Contactless Payment Method:** If your Reduced-Fare Program benefit is linked to a personal contactless payment method and you believe this payment method is not working, you should first confirm that both the Reduced-Fare benefit and the personal contactless payment method are in an active state by: (a) linking the personal credit/debit card to a registered online OMNY Account, or (b) calling OMNY Customer Service for support at 877-789-6669.

# MTA Reduced-Fare Program Terms and Conditions of Use

If you need to link your Reduced-Fare benefit to a different personal contactless payment method than what is currently linked, you may visit an NYCT Customer Service Center or an MTA mobile sales vehicle, or call OMNY Customer Service for support.

## 6. Lost or Stolen RFOs

**a. Reduced-Fare OMNY Card:** If your RFO Card is either lost or stolen, you must visit an NYCT Customer Service Center or an MTA mobile sales vehicle to receive a replacement RFO Card. The balance on your lost or stolen RFO Card as of the moment you receive a replacement will be transferred to the replacement RFO Card.

If a lost or stolen RFO Card is linked to a registered OMNY Account, you can suspend the lost or stolen RFO Card immediately so it cannot be used before a replacement RFO Card is issued to you by the MTA. To suspend any OMNY payment method, including an RFO Card, sign in to your OMNY Account and select “Suspend” from the “Manage” menu of the linked card, or call OMNY Customer Service to suspend the card.

If a lost or stolen RFO Card is not linked to your OMNY Account, you can suspend the lost or stolen RFO Card immediately by calling OMNY Customer Service at 877-789-6669. The full RFO Card number will be needed to suspend the lost or stolen RFO Card over the phone.

## b. Personal Contactless Payment Method:

i. **Credit/Debit Card:** If your debit card or credit card that was being used as your RFO is lost or stolen, you can suspend the lost or stolen card from the OMNY system through your OMNY Account or, if the card is linked to your OMNY Account, by calling OMNY Customer Service.

When you receive a new debit or credit card that you want to use as your RFO, you can register the new debit or credit card by visiting an NYCT Customer Service Center or an MTA mobile sales vehicle.

ii. **Smartphone or Wearable Device:** If the smartphone or wearable device that you used as your RFO is lost or stolen, you can have it suspended from the OMNY system through your OMNY Account or, if the card is linked to your OMNY Account, by calling OMNY Customer Service.

When you obtain a new device that you want to use as your new RFO, if you are going to use the same underlying debit card or credit card that had been linked to the lost or stolen RFO, you will need to add that card to the mobile wallet of your new device.

Then you can activate the new device as your RFO by tapping the device at an OMNY validator within the Eligible Transit Systems.

## 7. Change of Address

Notices and replacement cards will be sent to you at the address you provided to the MTA. You may update your address by calling 511 or 718-330-1234.

## 8. RFO Card Expiration Date

RFO Cards expire on the date printed on the back of the card. As long as you actively use your card, NYCT automatically sends you a new RFO Card before the expiration date.

## 9. Restrictions on Refunds

There are no refunds of money remaining on RFO Cards. Money remaining on an expired card may only be transferred to a new card within two years after the expiration date. There are no transfers of balances from full fare to reduced fare. No redemptions or exchanges will be given for an RFO Card that has been altered or tampered with, or whose value cannot be verified.

## 10. OMNY Online Terms

By using an RFO with OMNY, you are subject to the OMNY Terms of Use and the OMNY Privacy Policy, which can be found at <https://omny.info/terms-of-service> and <https://omny.info/privacy-policy>, respectively.

## 11. Reduced-Fare Program Additional Assistance

For more information about RFOs, call 511 or 718-330-1234 from 6 a.m. to 10 p.m. EST. If you are deaf or hard of hearing, use the free 711 relay service or your preferred relay service provider to contact us. If applicable, have your RFO at hand so you can read the serial number and expiration date to the customer service agent who assists you. For additional information or assistance, you can also visit any NYCT Customer Service Center or an MTA mobile sales vehicle.