

Chatham Area Transit Half-Fare Program

General Information

The designation of Half-Fare is the name assigned to a category of customers who are eligible to receive a 50% discount of the cash fare upon boarding fixed route services OR a discounted price on select CAT fare media/passes. The actual fare discount received when using one of the available Half-Fare fare media will be determined by the number of rides used during the valid time period. The objective of the Half-Fare Program is to provide reduced fares on fixed route services for seniors, people with disabilities or Medicare cardholders in compliance with the Federal Transit Administration's half-fare requirements (Code of Federal Regulations, Title 49, Subtitle B, Chapter Vi, Part 609). Although not required by the previously cited code, CAT has extended the Half-Fare category to include Youth who are ages 6-18.

In order to receive the Half-Fare discounts when using CAT's services, individuals must show proof of eligibility as detailed below. All persons with disabilities are required to obtain a CAT Half-Fare ID in order to receive the Half Fare discounts. However, for ease in boarding, all eligible individuals wishing to receive the Half-Fare discounts are encouraged to obtain a CAT Half-Fare ID.

The information on this application will be kept **confidential** by the professionals involved in evaluating the individual's eligibility. CAT may contact the physician or licensed health care provider indicated on this form to verify the disability.

There is a one-time, nonrefundable **\$3.00 application processing fee**. However, if the card is lost, stolen or damaged, a replacement card will be issued at a cost of \$5.00, cash only.

The CAT Half Fare ID is to be **used exclusively by applicant**. Allowing others to use it is prohibited and will result in the immediate loss of privileges.

Hours for submitting applications and taking photos for IDs: Transit Center Ticket Window, Monday-Thursday, 9:00 AM-1:00 PM and 2:00 PM-4:00 PM.

Eligibility

Seniors or Persons with Disabilities means those individuals who, by reason of age, illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability—including those who are non-ambulatory wheelchair-bound and those with semi-ambulatory capabilities—are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected.

Medicare Cardholders means those individuals who have been issued a Medicare card, regardless of age or disability.

Youth means those individuals who by reason of age have not reached legal adult status. Once the adult age of 19 is obtained, the individual is no longer considered a youth for this designation, regardless of school status.

Required Proof of Eligibility When Boarding

1. **Medicare Cardholders**
 - a. Medicare card with a matching photo ID, OR
 - b. CAT Half-Fare ID
2. **Persons with Disabilities**
 - a. CAT Half-Fare ID, OR
 - b. CAT SMART Card with a matching photo ID
3. **Youth** (Age 6-18)
 - a. State issued driver's license showing qualifying age, OR
 - b. State issued non-driver's ID card showing qualifying age, OR
 - c. CAT Half-Fare ID
4. **Seniors** (Age 65 and older)
 - a. State issued driver's license showing qualifying age, OR
 - b. State issued non-driver's ID card showing qualifying age, OR
 - c. Medicare card with a matching photo ID, OR
 - d. CAT Half-Fare ID

Completing the Half-Fare Application

1. **All Applicants**
 - a. Upon completion of all required sections, return to CAT to process the application. You MUST bring one of the following accepted forms of Photo Identification to the Ticket Window at 610 W. Oglethorpe Ave., Savannah, GA 31401. ID hours: Monday-Thursday, 9 AM-1 PM, 2-4 PM
 - State-issued driver's license or non-driver ID, OR
 - Valid (non-expired) passport
 - b. CAT may contact the health care professional or Veteran's Administration for verification.
 - c. CAT makes the final eligibility determination.
2. **Seniors or Youth**
 - a. Complete Section A.
3. **Medicare Cardholders**
 - a. Complete Sections A and B.
4. **Persons with Disabilities**
 - a. Complete Section A, and
 - b. Complete Section C or Section D or Section E.
 - i. Section C must be completed by your health care professional.
 - ii. Section D must be completed by your local Veteran's Administration Officer.
 - iii. Section E will be completed by CAT upon presenting your Half-Fare card.
5. A CAT representative will process your application, and if additional information is needed, you will be contacted within 5 to 10 days and asked to provide missing information for completion.

Half-Fare Application | Chatham Area Transit 2015

Section A: Applicant Information									
Application for:		Youth (6-18)	Senior (Over 65)	Temporary Disability	Permanent Disability	Medicare Cardholder			
Full Legal Name: Last			First		Middle Initial			Last 4 of SS# or DMV ID#	
Address				City		State		Zip	
Date of Birth			Age at Last Birthdate		Sex		Daytime Telephone Number		
NOTICE: The information on this application will be kept confidential by the professionals involved in evaluating my eligibility. I understand that CAT may contact the physician or licensed health care provider indicated on this form to verify my qualifying disability. There is a \$3.00 cost to the applicant for the initial Half Fare ID or Youth ID card; however, if the card is lost, stolen or damaged, a replacement card will be issued at a cost of \$5, cash only. Your CAT Half Fare ID or Youth ID is to be used exclusively by you. Allowing others to use it is prohibited, and will result in the immediate loss of eligibility. Knowingly making a false claim or statement on this application is illegal. Misuse, counterfeiting, or alteration of Half-Fare IDs is a punishable offense and will result in revocation of CAT Half-Fare privileges.									
Applicant Signature							Date		
Section B: Medicare Cardholder Certification									
Medicare Claim #		Parts (circle all listed on card)			A B C D		Medicare Effective Date		
Section C: Physician Certification – Completed by Physician									
I certify and affirm that the above described applicant is my patient who is unable to utilize mass transportation facilities and services without special facilities or special planning. In my professional opinion the patient is (check one):									
<input type="checkbox"/> Permanently limited or impaired. A “permanent disability” as it relates to CAT services shall mean: a physical condition that limits or impairs movement from one place to another or the ability to walk as defined in Va. Code §46.2-1240, and that has reached the maximum level of improvement and is not expected to change even with additional treatment.									
<input type="checkbox"/> Temporarily limited or impaired beginning in the month of _____ and ending in the month of _____ (no less than 90 days and not to exceed 6 months). If the condition is expected to last more than 6 months but not permanent, then reapplication is required.									
Examples of qualifying disabilities that limit or impair this patient’s mobility and ability to use fixed route transit service without special facilities									
Cannot walk 200 feet without stopping to rest					Loss of or Loss of Use of Sight, Limb(s) or Hand(s)				
Cannot walk without the use of or assistance from any of the following: another person, brace, cane, crutch, prosthetic device, wheelchair, or other assistive device, such as portable oxygen									
Has a cardiac condition to the extent that functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association									
OTHER DEBILITATING CONDITION that limits or impairs the patient’s mobility, use Va. Code §46.2-1240 for guidance.									
The Physician’s Medical License Information is Required to Process This Application. (Office stamp may be used, but signature still required)									
Physician’s Name (Please print or type)							Date		
Medical License Number			Medical License Expiration Date		State Issuing Medical License		Office Telephone Number		
Physician’s Signature							Office Fax Number		
Section D: Veteran’s Certificate of Disability – Completed by Authorized V.A. Services Officer									
This individual is certified as a disabled veteran as indicated below.									
For Validation, take or send this form to local Veterans Services Officer. When completed, return this application to CAT to be processed for your ID.									
Disabled Veteran’s Name (Last, First, Middle)						VA Claim No.			
Complete loss of sight, limb(s) or hand(s)			Complete Loss of use of limb(s) or hand(s)			100% permanently and totally disabled.			
Certified By:				Veterans Services Officer Signature:					
Address of Veteran’s Administration Office									
Section E: CAT Half-Fare Eligibility – Completed by CAT Employee									
ID #		Date Issued		PCA Authorized?		Yes	No	Expiration Date	
CAT USE ONLY									
ID #		Certification Type	Youth	Senior	Disabled	Medicare	Expiration Date on Pass (Not to Exceed 5 Years)		
Issuing Employee Name				Employee Signature				Date	
Initial Fee - \$3.00			Replacement Fee - \$5.00- Cash Only			Reason for Replacement:		Fee Collected:	