



Specialized Transit Service For 80 Years Old

I. ABOUT THE PROGRAM

If you are 80 years old or older, you can receive an ADA Para-transit photo identification card. The fare cost of the Specialized Transit is \$3.00 per trip. A book of tickets must be purchased for this service (**Book of 6 tickets for \$18.00 and Book of 10 tickets for \$30.00**). The Specialized Transit card will allow you to ride GRTC's local, fixed-route bus for **free**.

Reduced fare is not available on express routes or the 19 Pemberton.

II. HOW TO OBTAIN A REDUCED FARE ADA PARA-TRANSIT ID.

1. Complete the entire application.
2. Mail the original application, **including photo**, to the address listed below.
3. Attach a **copy** of the document that certifies you are age 80 or older.
4. When you are approved, you will receive your identification card by mail.
5. There is no charge for your first card. Card is valid for 5 years from date of issue.

III. CERTIFICATION PROCESS

1. GRTC reserves the right to make the final determination as to an applicant's eligibility.
2. Please allow 10 business days for processing.
3. The application must be filled out completely for processing to occur. Incomplete applications will be returned.
4. Applications are not accepted via fax or photocopy.

If you have any questions concerning the application or the service, please contact the Customer Service Center at (804) 358-GRTC (4782).

**Mail completed applications to: Eligibility Coordinator
GRTC Transit System
301 East Belt Boulevard
Richmond, VA 23224**



Specialized Transit Service for 80 Years Old

For Office Use Only:

ID # _____ Expiration Date: _____

Date Issued: _____

Approved by: _____ Date: _____

Denied by: _____ Date: _____

PART I. GENERAL INFORMATION

Name: _____ Female: Male:

Last First Middle Initial

Street Address: _____ Apt./Bldg#: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

Emergency Contact _____ Emergency Contact Number _____

Home Phone: _____ Work Phone: _____

Social Security Number: **000-00-____** Date of Birth: _____
(Last 4 digits only)

Mobility Type: Ambulatory Wheel Chair Scooter Walking Cane White Cane

Are you currently under any reduced fare with GRTC? Yes No ID #: _____

Will the applicant require a Personal Care Attendant? Yes No

To obtain an ADA Para-Transit identification card, you must show proof of your age by submitting a copy of one of the following:

Baptismal Certificate _____

Other _____

Birth Certificate _____

Driver's License _____

PART II. PHOTOGRAPH REQUIREMENTS

Attach Photo Here
OR
Email the Photo to
ADAPhoto@ridegrtc.com

Attach a color photo to the box at left.
Photo should be no smaller than 2"x2".

Photo must be from the shoulders up.

Face must be clearly visible (no sunglasses, or hats that obstruct the face).

PART III. TERMS & CONDITIONS

ADA Para-Transit card must be shown to the operator when boarding the van along with a Specialized Transit Ticket per trip.

ADA Para-Transit card is not applicable toward the use of express routes.

GRTC reserves the right to confiscate an ADA Para-Transit card that has been used improperly. A confiscated card will not be returned or replaced.

Your first identification card is free. In the event your card is lost or stolen, replacement cards are \$5.00 each. No additional cards will be issued after the third one until a review of your replacement history is conducted by a GRTC representative. If a replacement card is not issued, you may reapply upon the expiration date of your card.

PART IV. APPLICANT CERTIFICATION

I agree to the terms and conditions as set forth above.

I certify to the best of my knowledge and ability, the information in this application is true and correct.

Applicant Signature: _____ Date: _____

As the representative, I agree to the terms and conditions as set forth above. I am the personal representative of the individual whose name and address appear above which is requesting Specialized Transit Services for 80 years Old. This individual has authorized me to complete this form on his/her behalf.

Representative must complete and sign the following:

Name: _____ Daytime Phone: _____

Address: _____

Agency or Clinic (if applicable) _____

Relationship to Applicant: _____

Signature: _____ Date: _____

**Please do not fax your application – we can only accept an original.
Incomplete applications will be returned.
Please allow a minimum of 10 business days for processing.**