

Warren County Transit Service

Elderly or Disabled Fare Assistance Application

Name: _____

Address: _____

Telephone: _____

Age: _____

E-Mail Address _____

Please Attach (ONE) of the following Required Documentation below:

_____ *Proof of Age, if 65 or over, i.e. copy of Driver's License, State ID, Military ID, Passport, Birth Certificate, Letter from Social Security verifying birth date* **OR Proof of Disability**

Please attach one of the following if qualifying by disability:

- _____ SSI Award Letter Stating client is disabled
- _____ Veteran's Compensation Award Letter stating disabled
- _____ Workman's Compensation Award letter stating disabled
- _____ Social Security Award Letter stating disabled
- _____ Physician's Letter of Verification stating disabled
- _____ Other (subject to Office approval,) i.e., Fed 16 Disability form

Please indicate any special Transportation needs:

- _____ Wheelchair Assist
- _____ Service Animal
- _____ Personal Care Assistant (PCA) will be accompanying me

DOCUMENTATION MUST STATE THE APPLICANT IS DISABLED, as per the definition of disability in the American with Disabilities Act. An Income Statement does not qualify.

Application Status _____ Approved _____ Denied _____ Card Number Assigned: _____

Please Return completed application and a copy of eligibility documentation to:

Warren County Office of Grants Administration
406 Justice Drive, Room 251
Lebanon, Ohio 45036

Or scan and email to: wctransit@co.warren.oh.us

If you have any questions, please call (513) 695-1259.

