



## Half-Fare Bus Pass Application

**Winchester Transit issues half-fare bus passes to persons who are 65 years of age or older or to individuals with disabilities. Please provide the following information and return to the WinTran Office at 301 East Cork Street, Winchester, VA 22601.**

**If you are 65 years of age or older, complete Section 1 ONLY and sign as the Applicant on the last page. If you have an ADA qualified disability, please complete all Sections.**

### **SECTION 1**

			Female _____	Male _____
Name:	_____			
	Last	First	Middle Initial	
Address:	_____			
	Street Address		Apt. or Bldg. #	
	_____			
	City	State	Zip	
Mailing Address if different from above:				
_____				
Home Phone: _____			Work Phone: _____	
Social Security Number: <b>000-00-</b> _____ (Last 4 digits only)			Date of Birth: _____	



**SECTION 2**

What is the nature of your disability?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your condition temporary?  Yes  No

If 'Yes', please give expected duration – until \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you use any mobility aids? Check all that apply.

- None
- Manual Wheelchair  Power Wheelchair
- Cane(s)  Crutches
- Walker  Service Animal
- Power Scooter (3 or 4 wheels)
- Other \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

<b><u>For Office Use Only</u></b>	
Date Issued: _____	
Approved by: _____	Date: _____
Denied by: _____	Date: _____



### **SECTION 3**

**If you have an ADA qualified disability, please have your rehabilitation/independent living professional, health care professional or physician read over this application and attest that all the information provided is accurate and sign the following statement:**

I, \_\_\_\_\_ have read over the information provided by the applicant above and certify that it is accurate. I verify that the applicant has an ADA qualified disability and should be entitled to obtain handicap transit card which will enable him/her to ride the bus at half fare rate.

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime telephone \_\_\_\_\_--\_\_\_\_\_