



Reduced Fare Application

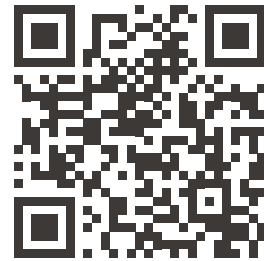
The Reduced Fare Permit allows people age 65 or over and individuals with disabilities under the age of 65 to ride at a reduced rate on **Metra, Pace, and CTA bus and rail service.**

Can I apply online?

Apply now at fares.rtachicago.org
and get your permit faster!

By applying online, you will receive your new, renewal, or replacement Reduced Fare Permit **within 7-10 business days.** The online portal works on most PCs, laptops, smart phones, and tablets.

If you prefer to complete a paper application, please fill out the form on the back.



**Scan this code
to apply online**

Who qualifies for the Reduced Fare Permit?

- People age 65 or over
- People with physical, hearing, mobility, mental, visual, or cognitive disabilities
- People with disabilities receiving SSI or SSDI benefits
- Medicare card holders
- Veterans receiving service-connected disability benefits
- People with a Disability Identification Card

**See other side
for paper application**



Questions? Call 312-913-3110
or visit rtachicago.org

**Transit
Assistance**

_____ First Name	_____ Middle initial	_____ Last Name	_____ Date of birth
_____ Street address or PO Box number		_____ Apartment/Unit	
_____ City	_____ State	_____ Zip code	
_____ Telephone number		_____ Email	
		☐ Person age 65 or over	
		☐ Person with Disability	

All applicants must

1. **Sign this document**
2. **Include a 2" by 2" color photo**
3. **Include a copy of a valid photo ID**

State ID, driver's license, Chicago CityKey card, US Passport, or Consular ID card.

4. **Mail items and document to**

Regional Transportation Authority
PO Box 301150
Chicago, IL 60630

Additional items required for people with disabilities under the age of 65:

- **Veterans with a service-connected disability**
- VA Benefit letter
- **People with disabilities**
- A copy of one of the following:
SSI or SSDI benefit letter, Medicare card, Disability ID Card, completed Reduced Fare Application Professional Verification form, or a letter from a professional verifying your disability.

Terms and Conditions

Application must be signed: I understand that the purpose of this certification is to determine eligibility for the RTA Reduced Fare Permit Program. The information requested on this application is exempt from public disclosure to the extent permitted by paragraph 207 of the Illinois Freedom of Information Act (5 ILCS 140/1 ET SEQ.). I understand that any information falsely presented on the application may result in my prosecution to the fullest extent allowable under the law. I understand that if I am issued an RTA Reduced Fare Permit that the permit is for my personal use only, and that if I allow another person to use my card, then the card could be revoked, I could be removed from the program, and I may be prosecuted to the fullest extent allowable under the law.

_____ Signature	_____ Date
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Center use only

_____ Center code	_____ Taken by (initials)	 RTA-FP-0093
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Reduced Fare Application Professional Verification

Only applicants applying for a Persons with Disabilities Reduced Fare Permit needing professional verification of their disability need to complete this page. Alternatively, a professional can write a letter on a prescription or official letterhead explaining the nature of your disability instead of filling out this form.

To be completed by a doctor, social worker, case worker, physical therapist, or other professional that can verify the applicant's disability.

Professional's First Name

Professional's Last Name

Business Address

Apartment/Unit

City

State

Zip code

Telephone number

☐ Physician

☐ Psychiatrist

☐ Psychologist

☐ Audiologist

☐ LSW/LCSW

☐ Optometrist

☐ Nurse Practitioner

☐ Physician Assistant

☐ Chiropractor

☐ Teacher

☐ Case Manager

☐ Other: _____

**See other side to
complete verification**



**To be completed by a doctor, social worker, case worker, physical therapist,
or other professional that can verify the applicant's disability.**

Applicant's First Name

Applicant's Last Name

Applicant's D.O.B.

Applicant is eligible for a Reduced Fare Permit if one of the following criteria listed below applies. Please check the appropriate box(es):

- | | | |
|--|--|--|
| ☐ A physical disability | ☐ Hard of hearing or deaf | ☐ Applicant's impairment does not meet any of the functional limitations listed, therefore, I cannot certify that the applicant's disability meets the criteria for receiving the RTA Reduced Fare Permit at this time. |
| ☐ A psychiatric disability | ☐ Low vision or blind | |
| ☐ An intellectual or developmental disability | | |

Information falsely presented on this application by a professional may result in their prosecution to the fullest extent allowable under the law. In addition, any falsification of information on this form may be considered grounds for revocation, suspension, reprimand, or other disciplinary action. RTA reserves the right to (1) contact the professional to verify the information provided, (2) make the final determination on an applicant's eligibility for a Reduced Fare Permit, and (3) have an applicant submit to a second exam by a professional selected by the RTA.

**I hereby certify to the best of my knowledge the information
on this application is true and correct.**

Professional's Signature

Date