



# Fare Deal

## APPLICATION

AN AATA REDUCED BASE FARE PROGRAM

For

- Seniors Ages 60 to 64
- Individuals with Low Incomes
- Individuals with Disabilities

Return Completed Applications  
In-Person To:

Ann Arbor Transportation Authority  
2700 S. Industrial Hwy  
Ann Arbor, MI 48104

There is a \$5  
charge to replace  
lost Fare Deal cards

If you are unable to apply in-person or require this application in an alternative format please call AATA (734) 973-6500, TDD (734) 973-6997 for assistance.



PLEASE TYPE OR PRINT CLEARLY



(Name) First Last Middle Date of Birth

(Address) Street Apt# City State Zip

**WHICH OF THE FOLLOWING DO YOU IDENTIFY WITH? (Check one box)**

**Senior Age 60 to 64:**

If you are a senior you have completed the written portion. To receive your card go to 2700 S. Industrial Hwy. and present verification of age.

**Disabled:**

You must show a current Medicare card. If you are disabled and do not have a Medicare card your medical professional may verify your eligibility (see reverse side).

**Low Income:**

You must show a current Medicaid card. If you do not have a Medicaid card you may obtain eligibility through an Authorized Certifying Agency. For the name of an authorized agency Call AATA at 734-973-6500.

**Verification to be completed by Authorized Certifying Agency**

Agency: \_\_\_\_\_ Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS TO RECEIVE YOUR FARE DEAL CARD:**

Go to AATA located at 2700 S. Industrial Hwy. and present your completed application along with valid photo I.D.

*Valid photo identification such as:*

- State I.D. • U.S. drivers license • U.S. passport • Foreign passport

**FOR AATA USE ONLY - VERIFICATION OF - FOR AATA USE ONLY**

**IDENTIFICATION**

• State I.D. • U.S. drivers license • U.S. passport • Foreign passport

Type of I.D.: \_\_\_\_\_

Number: \_\_\_\_\_

**LOW INCOME**

Medicaid Card: \_\_\_\_\_

Type of I.D. : \_\_\_\_\_

Number: \_\_\_\_\_

**DISABILITY**

Medicare Card: \_\_\_\_\_

Type of I.D. : \_\_\_\_\_

Number: \_\_\_\_\_

**Issued By:**

**Date:**

**Exp Date:**



**COMPLETE THIS PART OF THE APPLICATION IF YOU HAVE A  
DISABILITY AND DO NOT HAVE A MEDICARE CARD**



I am eligible for the Fare Deal program because I have a medically-documented disability which makes it difficult for me to perform at least one of the following transit-related functions (check appropriate box or boxes):

- Getting on or off a standard AATA bus.
- Standing in a moving AATA bus.
- Reading information signs. Legal blindness of 20/200 with best possible correction is the minimum requirement.
- Hearing directions from the bus operator when requested. Average loss of 30 decibels within speech frequencies in both ears with best possible correction is the minimum requirement.
- Understanding information signs and / or directions of the bus operator.

I understand that this application must be certified by a medical professional that can document the nature of my disability. I give my permission to release information pertaining to my disability to AATA for purposes of determining my eligibility for Fare Deal services.

I swear that the above statements are correct to the best of my knowledge. I understand that misrepresentations on this application or fraudulent use of my Fare Deal card represents a violation of the conditions and terms of this program, and will result in the revocation of this privilege by AATA.

\_\_\_\_\_  
Applicant Signature

**TO BE COMPLETED BY MEDICAL PROFESSIONAL  
Certification for Fare Deal, An AATA Reduced Base Fare Program**

I certify that the above named applicant has a disability which makes it difficult for them to perform at least one of the transit-related skills indicated above?

DISABILITY IS: \_\_\_\_\_

\_\_\_\_\_  
Signature of medical professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certification Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone Number