

Hancock Area Transportation Services & Wyandot Ride Service
Elderly & Disabled Reduced Fare Assistance Application

Application Date: _____

Rider Name: _____ Male _____ Female _____

Address: _____ Apt # _____ City/Zip _____

Phone # (____) _____ DOB _____ Age _____

Signature of Applicant: _____

Documentation of Eligibility:

1. Elderly: Age: _____ Must be 65 years old and over

PROVIDE 1 OF THE FOLLOWING:

- Proof of Age: _____ Birth Certificate copy
_____ Ohio ID Card copy
_____ Driver's License copy
_____ Other _____

2. Disability: _____ Must have proof of Disability attached

PROVIDE 1 OF THE FOLLOWING:

- _____ Letter from licensed or certified Health/Mental Health or
Social Service Professional confirming disability (diagnosis optional)
_____ Confirmation of enrollment in a sheltered workshop Inter-
_____ Agency verification of disability (diagnosis optional)
_____ Copy of SSI award letter or SS disability award letter

Reduced Fare card must be shown to Driver each trip to receive E&D fare assistance.

You can ride the bus at full fare anytime without the discount card.

Return this Application to:

HHWP Community Action Commission - HATS Manager
1637 Tiffin Ave, Findlay, OH 45839-0179

For Office Use:

E&D Reduced Fare Assistance card # _____ Date of issue: _____

Replacement card (having the same number) – date of re-issue: _____

In Computer _____