

RIDERS WITH DISABILITIES REDUCED FARE APPLICATION

This application is for PATH riders with qualifying disabilities (see Section C for details). If your application is approved, you will be eligible to pay a Reduced Fare when traveling on the PATH system.

PATH reserves the right, in its discretion, from time to time to change these instructions and the eligibility requirements for PATH's Reduced Fare Program. Updated rules will be posted to the PATH website to become effective 30 days following first posting (except under exigent circumstances requiring immediate effectiveness).

How to Apply:

- **Apply by Mail**

Complete and mail your paper application (Section A) and all supporting documents to the following address:

PATH Reduced Fare Program
One PATH Plaza, 1st Floor
Jersey City, New Jersey 07306

- **Apply at the Reduced Fare Application Center**

Located on the concourse level of PATH's Journal Square Station, 1 PATH Plaza, Jersey City, NJ 07306. For hours of operation, visit TAPPandRide.com/FAQ/RF. Appointments are recommended but not required. Schedule an appointment at **panynj.gov/PATH_RFApplication**

Alternatively, you may call PATH TAPP Customer Service at 1-800-234-PATH (7284) to schedule an in-person appointment to submit the application in person.

- **Apply at a PATH Station**

Schedule an appointment if you prefer to meet in a PATH Station. Schedule an appointment at **panynj.gov/PATH_RFApplication**

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Documentation Needed to Apply:

- When applying **by mail**, the following documents are required:
 - Completed application form (Section A)
 - Your signed affirmation, notarized by a Notary Public (Section B)
 - Certification of disability – supporting documentation as described in Section A Instructions **OR** physician-signed Disability Certification (Section C)
 - A photocopy of your valid state ID, driver's license, or passport
 - A recent, color photo (1.5" x 2") with your full name printed on the back as described in Section A
- When applying at the **Reduced Fare Application Center** or at a **PATH Station**, the following documents are required.
 - Completed application form (Section A)
 - Your signed affirmation, notary not required (Section B)
 - Certification of disability – supporting documentation as described in Section A Instructions **OR** physician-signed Disability Certification (Section C)
 - Your valid state ID, driver's license, or passport
 - A photo will be taken when you have your in-person appointment at the Reduced Fare Application Center.

By enrolling in the PATH Reduced Fare Program you agree to our Terms of Service available on our website at TAPPandRide.com or PATHSmartLinkCard.com.

If you have any questions regarding this application, or require assistance, please contact a PATH representative by calling 1-800-234-PATH (7284) or by emailing PATHReducedFare@panynj.gov.

The information you provide in this application will be kept strictly confidential and will be used for the sole purpose of determining your Reduced Fare eligibility and, if approved, creating your PATH Reduced Fare record. To learn more about our privacy practices, please refer to our Privacy Policies at TAPPandRide.com or PATHSmartLinkCard.com.

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Section A Instructions - Applicant Information

Applicant Information

The applicant must provide all requested information unless marked Optional.

Proof of Eligibility Documentation

The PATH Reduced Fare Program is for riders with disabilities who are Medicare cardholders, have been certified disabled by an approved agency (see below), or have been certified disabled by a licensed physician, consistent with the requirements in Section C Instructions.

On the application, mark the form of documentation that you are providing as proof of eligibility. If applying by mail, provide photocopies of required proof of eligibility documentation. If applying in person, bring original proof of eligibility documentation. The person named on the eligibility documentation must match the name of the applicant provided in Applicant Information section.

Accepted proof of eligibility documentation includes:

- **Medicare Card** – Provide your red, white and blue Medicare card.
- **SSI/SSDI Award Letter** – Provide your SSI/SSDI award letter from the Social Security Administration.
- **Disabled Veteran Award Letter** – Provide your award letter from the Veteran's Administration that specifies a 50% or greater disability.
- **DMV Placard Receipt** – Provide your DMV-issued disabled placard receipt.
- **NYS Commission for the Blind Eye Registry Card** – Provide your NYS Commission for the Blind Eye Registry Card.
- **NJ Commission for the Blind & Visually Impaired Card** – Provide your NJ Commission for the Blind & Visually Impaired Card.
- **Other Agency Reduced Fare or Paratransit ID** – Provide your Reduced Fare or Paratransit ID from another transit agency with applicant's name, photo, and expiration date. If an expiration date is not printed on the card, you will be required to provide documentation that you are currently enrolled in the Reduced Fare Program for the other transit agency.

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- **Physician Verification** – Provide the physician-signed Disability Certification (Section C).

If you do not have one of the eligibility documents listed, you are not eligible for the Riders with Disabilities Reduced Fare Program.

At its discretion: (1) PATH may accept or reject documentation that you provide or ask for additional proof of disability; and (2) PATH may waive application requirements on a case-by-case basis or require that the applicant be examined by its own physician at PATH's own expense.

If PATH determines that you are eligible for the program, you will receive a Reduced Fare transportation benefit. If you have a permanent disability, Reduced Fare eligibility is valid for up to four years, and you are required to recertify prior to the expiration to continue eligibility to receive Reduced Fare transportation benefits. If you have a temporary disability, you are required to recertify prior to expiration to continue eligibility to receive Reduced Fare transportation benefits.

The Reduced Fare Program benefit is valid only if you are disabled as stated in your application. If at any time you are no longer disabled as described your eligibility for the Reduced Fare Program automatically ceases; you are no longer permitted to use the Reduced Fare benefit.

Redeeming Your Reduced Fare

If your application is approved, you will have two (2) options to pay for your Reduced Fare travel on PATH.

1. Receive a PATH-issued Reduced Fare Card

If this option is selected, you will receive a reloadable PATH-issued Reduced Fare Card. This card will be printed with your photo, name, and confirmation of your Reduced Fare status. This card may be loaded with stored value or products at PATH vending machines, website, etc. If using stored value, the discounted Reduced Fare will be deducted from your stored value balance.

Please note that there is no fee for your first Reduced Fare Card. However, if you require a new card for any reason (e.g. to replace a lost, stolen, or damaged card), a \$5.00 replacement fee will apply, payable with a check (personal or cashier's) or

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money order. Because Reduced Fare Cards are printed with your photo, new cards cannot be purchased from any in-station vending machine.

2. Use your own personal contactless credit/debit card or device

Please note that, in order for your application to be approved to use your own personal contactless credit/debit card or device, you must have a registered TAPP Customer Account on our website at TAPPandRide.com with a Transit Account associated with the credit/debit card. The information provided in Section A (e.g. email address, name, etc.) must match your Customer Account profile. For more information on setting up a TAPP Customer Account and Transit Account, please visit TAPPandRide.com.

If this option is selected, you may use your own contactless credit/debit card or smart device with a digital wallet to pay-as-you-go (PAYGO) at PATH turnstiles. Digital wallets include but are not limited to Apple Pay, Google Wallet, etc. For more information on accepted contactless cards and digital wallets, visit TAPPandRide.com/how-tapp-works.

When tapping at a turnstile, your preferred credit/debit card will be charged the discounted Reduced Fare instead of the standard Full Fare.

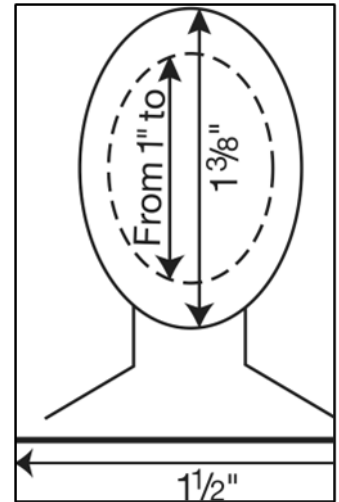
Please note that you may only choose one (1) credit/debit card or device for use in the PATH Reduced Fare Program. If at any point you wish to change your preferred card, please contact a PATH representative by calling 1-800-234-7284 (PATH) or by emailing PATHReducedFare@panynj.gov.

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You must submit one (1) color photograph with this application. Black and white photography will not be accepted.

The photo should clearly show your face. Photos with hats, masks, glasses or sunglasses will not be accepted.

- The photo must be current, having been taken within the last 6 months.
- The photo must show a full front view of your face and shoulders.
- The photo must have a solid background.



For printed photos:

- The photo must be at least 1.5" wide by 2" high and no larger than 3" wide by 5" high.
- Clearly print your full name on the back side of the photo.
- The photo should not be stapled or glued to the application.

For photos submitted digitally:

- The photo must be 450 px wide by 600 px high at 300 dpi.
- The photo must be in one of the following formats: .jpg, .jpeg, .gif, png.
- The photo cannot exceed 4 MB in size.

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Section A – Applicant Information (All Fields Required)

Applicant Information *(Please complete all fields below by typing or printing in ink.)*

First Name _____ MI _____

Last Name _____ Jr. Sr. Other: _____

Date of Birth (MM/DD/YYYY) ____/____/____

Mailing Address _____

Mailing Address Line 2 (Apt, etc.) _____

City _____ State _____ Zip Code _____

Phone (Primary) _____

Phone (Alternate, Optional) _____

Email Address _____

☐ New Application (I have not applied for Reduced Fare with PATH before)

☐ Renewal Application, existing 20-digit SmartLink Card Number or 12-digit TAPP Transit Account Number if available _____

Proof of Eligibility Documentation (check only one (1) box and attach supporting documentation, see Section A Instructions):

☐ Medicare Card ☐ SSI/SSDI ☐ Disabled Veteran (50% or higher)

☐ DMV Placard Receipt ☐ NYS Commission for the Blind Eye Registry Card

☐ NJ Commission for the Blind & Visually Impaired Card

☐ Other Agency Reduced Fare or Paratransit ID

☐ Physician Certification (Section.C.required)

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Preferred Media *(see Section A Instructions)*

If your application is approved, would you prefer to receive a PATH-issued Reduced Fare Card, or would you prefer to use your own contactless credit/debit card or device? Please select one (1) option. **If you require use of an accessible fare entry gate, please select PATH-issued Reduced Fare SmartLink Card.**

- ☐ PATH-issued Reduced Fare SmartLink Card
- ☐ My own contactless credit/debit card or device

Transit Account Number (12-digits) _____

For Office Use Only

☐ Mailed Application ☐ Application Center ☐ Station _____

Attachments: ☐ Section A ☐ Section B ☐ Section C / Proof of Eligibility ☐ Proof of Identity

Employee Name _____ Date _____

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Section B Instructions - Affirmation

The applicant must sign the application, attesting to the truthfulness of the provided information and accepting the program requirements.

Personal Representative Information (if applicable)

If the application is completed on behalf of the applicant, a personal representative must provide the information required on the application.

Notary Public

Applications submitted by mail must be notarized. Take the completed application to a licensed notary for identity verification before submitting.

You will be responsible for paying any fees for notarization of Section B.

When applying at the Reduced Fare Application Center or at a PATH Station, a notary will not be required as PATH staff will validate your identity.

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Section B – Affirmation

I have a qualifying disability, and I am applying for enrollment to the PATH Reduced Fare Program. I have provided proof of identity in the form of valid state ID, driver's license, or passport and required documentation of disability. I affirm under penalty of perjury that all statements made on this application, including all statements made to any Certifier (physician or other licensed professional) who is named in this application, which PATH relies on to determine my eligibility status, are true and complete. I understand that the Reduced Fare Program benefit is valid only while I am disabled as stated in my application. If at any time I am no longer disabled as described, my eligibility for the Reduced Fare Program automatically ceases; I will no longer be permitted to use the Reduced Fare benefit. I have read, understand, and agree to be bound by the TAPP Terms of Service or the SmartLink Terms and Conditions as applicable. I understand that it is unlawful under the laws of the State of New York to make a false statement or to provide false information on an application for reduced fare for riders with disabilities. I understand that PATH will rely on the statements made in this application to determine my eligibility for the Reduced Fare Program and that all such statements may be subject to investigation and verification. A material misstatement or fraud will disqualify me for Reduced Fare benefits and may make me ineligible to reapply for those benefits. I understand that PATH may discontinue or change its Reduced Fare Program without notice. I understand that it is a crime to allow anyone else besides me to use the Reduced Fare Card that is issued to me by PATH. If I have elected to use my own personal credit/debit card or device to receive Reduced Fare benefit, I also understand it is a crime to allow persons other than myself to use this card or device on PATH, as long as it remains my designated Reduced Fare card. Further, I understand that it is a crime to continue to use my Reduced Fare benefit if I am no longer disabled as defined by the Reduced Fare Program.

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Applicant Name _____

Signature of Applicant or
Personal Representative _____

Date _____

Notary Public

State of _____ County of _____

On this ____ day of _____, 20____

Before me personally appeared _____, personally known to me, and proved to me on the basis of satisfactory evidence to be the same person (or legal guardian of the person) who is described in and who executed the foregoing instrument, and he/she/they have duly acknowledged to me that he/she/they have executed the same.

Notary Seal

Personal Representative Information (if applicable)

If the application is completed on behalf of the applicant, the personal representative must complete the following:

Name _____

Address _____

Phone _____

Relationship to Applicant (e.g., parent, guardian, attorney, friend, etc.)

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Section C Instructions - Disability Certification

The applicant must complete and sign at the top of Section C authorizing the release of information by a physician/certifier to PATH for purposes of determining eligibility for the Reduced Fare Program.

Physician/Certifier Information

The physician/certifier's information including name, address, contact information, and license number is required in this section so PATH may verify information provided on the application.

Physician/Certifier Certification

The applicant's name is to be entered and the category of disability and functional limitation identified by the physician/certifier signing the application. See Disability Definition/Eligible Disabilities below for further guidance.

Duration of Functional Limitation

The physician/certifier should indicate the duration of the functional limitation identified.

Physician Signature

The application must be signed by physician/certifier identified in Physician/Certifier Information section.

Disability Definition/Eligible Disabilities

As a recipient of federal funding, Port Authority Trans-Hudson (PATH) is required, during nonpeak hours, to provide a Reduced Fare to elderly and "handicapped persons" at a rate of not more than 50% of the regular, peak fare. Under this discount Reduced Fare Program, a "handicapped person" is defined as:

"...those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or special design to utilize mass transportation facilities and services as effectively as persons who are not affected."

See 49 U.S.C. § 5307(d) (reduced-fare requirement); 49 C.F.R § 609.23 (reduced-fare requirement); 49 C.F.R. § 609.3 (definition of "elderly and handicapped persons").

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Reduced fares are only provided to individuals with a qualifying medical disability. Reduced Fares are not provided for socioeconomic purposes.

Federal transit laws provide a Reduced Fare only to individuals with a disability that both meets the definition of a disability under the Americans with Disabilities Act (see 49 C.F.R. § 37.3 definition of “Disability”) and meets the requirement that because of the disability, the individual is unable, without special facilities, planning, or design, to utilize PATH’s transit facilities or services as effectively as individuals without a disability.

Therefore, to qualify for a Reduced Fare, the qualifying disability must result in a functional limitation to perform actions necessary for the use of PATH services without receiving special training or assistance. The “special training or assistance” must be different than the orientation required for all first-time users (disabled or nondisabled) of public transit. Applicants with the following types of disability(ies) are eligible for PATH’s Reduced Fare Program include the following:

- **Blind or Visually Impaired** – There is central visual acuity of 20/200 or less in both eyes with the use of correcting lenses. Each eye which, accompanied by limitation in the field of vision such that the widest diameter of the visual field subtends an angle of greater than 20 degrees, shall be considered as having central visual acuity of 20/200 or less.
- **Deaf or Hard of Hearing** – With hearing aids, hearing in each ear is NOT restored to one of the following minimum levels: (i) Average hearing threshold sensitivity for air conduction of 90 decibels or greater, and for bone conduction to corresponding maximum levels, determined by the simple average of hearing threshold levels at 500, 1,000 and 2,000 HZ; or (ii) Speech discrimination scores of 40% or less in each ear.
- **Ambulatory Disability/Loss of Extremities** – The applicant requires the use of a mobility/ambulation aid (e.g., wheelchair, medical stroller, cane, crutch(es), walker) in order to navigate the transit system. Includes anatomical deformity of or amputation of one or both hands, arms, feet, or legs or loss of major motor function. Also includes disabilities requiring permanent use of an AFO or larger leg brace, walker, or crutches to achieve mobility.
- **Cognitive Disability** – Due to the cognitive disability, the applicant cannot use PATH services or facilities without special planning or design. Includes autism;

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developmentally disabled; intellectual disability; or significant learning, perception, or cognitive disability that results in a functional limitation to perform actions necessary for use of PATH services without receiving special training. Excludes attention deficit disorder (ADD/ADHD) and dyslexia.

- **Severe Mental Illness** – The applicant’s mental impairment substantially limits one or more of their major life activities AND are unable to use mass transit without special planning, facilities, or design. The severity must meet or exceed standards outlined in the “Disability Evaluation Under Social Security Publication.” It must have been present for at least three months and be expected to continue for at least three months past the application date.
- **Other Physical Disability** – The applicant has an amputation or other physical disability that makes it impossible for them to use the system without extra planning. Includes arthritis (Therapeutic Grade II, Functional Class III, Anatomical State III or worse); ongoing debilitating effects following occurrence of cerebrovascular accident; serious loss of heart or lung reserves as shown by x-ray, EKG, or other tests and in spite of medical treatment there is breathlessness, pain, or fatigue; use a kidney dialysis machine in order to live; grand mal or psychomotor epilepsy; neurological disability resulting in substantial functional motor deficits in any of two extremities, loss of balance, and/or cognitive impairments three months post stroke; or difficulty with coordination, communication, social interaction, and/or perception, functional motor deficits, or significantly reduced mobility that results from a brain, spinal, or peripheral nerve injury or illness.

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Section C – Disability Certification

I, the undersigned applicant, hereby authorize the following Physician/Certifier (“you”) to disclose the information specified below to PATH Reduced-Fare Program, One PATH Plaza, 1st Floor, Jersey City, New Jersey 07306 for the purpose of enabling PATH to determine my eligibility for Reduced Fare transportation benefits. You are authorized to complete Section C “Disability Certification” of my PATH Reduced Fare Program application. If contacted by PATH, you are authorized to discuss the information that you have provided with a representative of the PATH Reduced Fare Program.

Applicant’s Name (Last, First, MI) _____

Address _____

Phone _____

Signature of Applicant or Personal Representative _____

Date _____

(The following is to be completed by Physician or Licensed Healthcare Provider)

Physician/Certifier Information

Name (Last, First, MI) _____

Office Street Address _____

City, State, Zip _____

Phone _____ Best time of day to call _____

State Professional License No.

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Physician/Certifier Certification

(make appropriate selection(s) in all three (3) areas)

I have examined the applicant _____ and it is my professional opinion that they are a “person with a disability” within the meaning of the term set forth in the Section C Instructions for this application on Pages 12-14 as follows:

1) Qualifying Disability

- ☐ Blind or Visually Impaired ☐ Deaf or Hard of Hearing
☐ Ambulatory Disability/Loss of Extremities ☐ Cognitive Disability
☐ Severe Mental Illness ☐ Other Physical Disability

2) Identification of Functional Limitation

I certify that the disability(ies) identified above qualify the applicant for a PATH Reduced Fare because:

- ☐ The person cannot negotiate a flight of stairs or escalator with ease, reasonable speed, and/or without aid from another person. [1]
- ☐ The person cannot board or leave a transit vehicle with ease, reasonable speed, and/or without the aid from another person. [2]
- ☐ The person cannot stand without major support in a moving vehicle operation under normal acceleration and deceleration. [3]
- ☐ Due to uncorrectable visual impairment the person cannot read transit vehicle identifications or identify transit stops. [4]
- ☐ Due to uncorrectable hearing impairment, the person cannot hear verbal announcements or transit information through either direct personal or electronic communication. [5]
- ☐ The individual needs (for valid medical reasons) the aid of a cane, crutches, or other mechanical device to assist him or her in moving about. [6]
- ☐ Due to physical or mental conditions, the person cannot use public transit without the help of another person or special training. [7]

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3) Duration of Functional Limitation

I estimate that the duration of the applicant's functional limitation will be:

☐ Permanent ☐ 1 year ☐ 6 months ☐ 3 months ☐ Other _____

I understand that it is unlawful under the laws of the State of New York to make a false statement or to provide false information on an application for reduced fare for riders with disabilities. Please DO NOT SUBMIT applications for individuals who do not qualify for a medical disability Reduced Fare. Reduced Fares are not provided for socioeconomic purposes, pregnancy, obesity, drug and/or alcohol addiction, or a condition that can be controlled through medication. PLEASE MAKE A COPY FOR YOUR FILES; PATH MAY CALL TO VERIFY.

Physician Signature

Date
