



SCAT CRITERIA FOR ELDERLY, DISABLED, AND TEMPORARILY DISABLED CERTIFICATION POLICY

Dear Applicant:

Seneca Crawford Area Transportation participates in the Elderly, Disabled and Temporarily Disabled Program of the Ohio Department of Transportation and the Federal Transit Administration. This program permits transit systems to offer half-fares to those eligible for rural transit and transports within the county.

Each person who wishes to be considered for the half-fare elderly, disabled and temporarily disabled program must complete a brief application in order to be certified. The E&D coordinator for the Seneca Crawford Area Transportation will accept the application, view the acceptable documentation and sign and date the application form. **Passengers will be notified only if they are not accepted in this program.**

This certification is valid for disabled for a period of two years and passengers must be re-certified if they wish to continue in the program. Certification for the temporarily disabled is valid for a period of sixty days and passengers must be recertified to continue in the program. Disclaimer: This program is valid as long as the funding is available.

The documentation required for disabled persons to be eligible will include a copy of your state ID, SSI or Social Security Disability determination letters, or proof of enrollment in a Sheltered Workshop program.

Documentation required to be provided to SCAT for persons 65 years of age and older will include a driver's license, birth certificate or any document generally accepted to show age.

Please sign the Application for Half Fare Program which is attached to this letter and return it to SCAT at the address below.

Should you have any questions, please contact SCAT at 419-448-7344.



SENECA-CRAWFORD AREA
TRANSPORTATION

“Public Transportation is for Everyone.”

APPLICATION FOR HALF FARE PROGRAM
ELDERLY/DISABLED AND TEMPORARILY DISABLED

Check one: New Application Re-Certification, E&D Pass #: _____

PLEASE PRINT

Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Applicant's Signature: _____

Check one and submit copy of documentation:

_____ **ELDERLY** (Minimum age is 65)

_____ State ID, birth certificate, or document showing proof of age.

_____ **DISABLED** (With a mobility or self-care limitation.)

Need both forms of documentation listed below

_____ Copy of State ID

_____ Copy of SSI award letter or SS disability award letter or Documentation of enrollment in sheltered workshop.

_____ **TEMPORARILY DISABLED**

(Temporarily with a mobility of self-care limitation. Terms will be applicable for 60 days.)

If submitted by Agency, please complete.

Name: _____ Title: _____

Address: _____

Signature: _____

Date: _____ Phone: _____

FOR OFFICE USE:

Approval Date: _____ Re-certification Date: _____ E&D Pass #: _____ Initials: _____