

Westchester County offers reduced fares for persons with disabilities on all Bee-Line buses. Enclosed is the medical documentation form required for the reduced fare card.

Because eligibility for the program is based on a permanent medical disability, the form must be signed by a doctor, licensed psychiatrist, or psychologist (PhD). The only exceptions to this requirement are noted on the form itself. The reduced fare is available to Westchester County residents only.

After the medical form has been completed, please bring it to the Westchester County Center, located at the intersection of Central Avenue and Route 119 in White Plains on any weekday between 10 a.m. and 4 p.m. to have your picture taken. Upon submission of the signed application, proof of residence, and a \$4.00 fee, the picture will be taken and you will immediately receive your ID card. **Please note that the county parks pass that was formerly available to people with disabilities for \$4.00, now costs \$40.00 and is valid for 6 years. The new rate does not affect the separate half-fare card.**

*In addition, the Westchester County Department of Transportation in consultation with the Federal Transportation Administration, has determined that drug and/or alcohol dependencies do not by themselves constitute a transportation handicap and therefore do not qualify a person to obtain a reduced fare ID card. Applications will not be approved for people who are solely participating in drug or alcohol treatment programs, so please take a moment to read and understand the eligibility criteria before going through the application process.*

If you have any questions about this program, please call the Office for the Disabled at (914) 995-2957 or (914) 682-3408 (TTY).

## Eligibility Certification for Westchester County Reduced Fare I.D. Card

Name of Applicant		
Address		
City	State / /	Zip Code
Social Security #	Date of Birth	Telephone Number

*I, \_\_\_\_\_ am a physician/therapist licensed and/or certified to practice under the Laws of the State of New York. It is my professional opinion that the applicant identified above is a "disabled person" within the meaning of that term as set forth in the definitions below:*

<p><i>Please Check One:</i></p> <p><input type="checkbox"/> <b>Blindness:</b> Having a central visual acuity of 20/200 or less in the better eye with the use of correcting lenses and whose peripheral vision is limited to a level of ten degrees. (Westchester County will accept the New York State Commission for the Blind and Visually Handicapped Certification of Blindness in lieu of a separate medical examination).</p> <p><input type="checkbox"/> <b>Deafness:</b> Complete lack of bone conduction in both ears or a hearing loss of 80 decibels (db) or greater as verified by audiometric testing.</p> <p><input type="checkbox"/> <b>Permanent Ambulatory Disability:</b> The person is permanently unable to move about without the aid of a wheelchair, walker, crutches, or a cane. Or: The person suffers from a heart or respiratory ailment which makes it impossible or inadvisable to walk for long distances, Or: The person has an obvious and serious permanent disorder of gait, which substantially interferes with the use of mass transportation facilities.</p>	<p><input type="checkbox"/> <b>Developmental Disability:</b> A handicapping condition originating before age 21 and continuing indefinitely which is attributable to Cerebral Palsy, Autism, head trauma, &amp; neurological impairment, Mental Retardation, or Epilepsy with a seizure in the past year.</p> <p><input type="checkbox"/> <b>**Mental Retardation</b> The person has an I.Q. of 75 or less or has a physical or mental impairment resulting in restriction of function. The County of Westchester will accept a certificate from an accredited institution for treatment, education or shelter of mentally retarded persons, signed by an MD or Psychologist.</p> <p><input type="checkbox"/> <b>Mental Illness:</b> The person has a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the person so affected requires care, treatment, and rehabilitation by a psychiatrist or Psychologist in a mental hospital or certified day program.</p>
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*\*\*As determined by the Stanford-Binet, DSM III., or conversion of the Reven progression Matrices*

Physician/Therapist:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(State I.D. Number)

\_\_\_\_\_  
(Telephone Number)

Witness:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)