

**WARREN COUNTY TRANSIT SERVICE**

Elderly or Disabled Fare Assistance Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Disabled: \_\_\_\_\_ Yes \_\_\_\_\_ No

Social Security Number (optional): \_\_\_\_\_

**Required Documentation**

\_\_\_\_\_ Proof of Age (if 65 or over, copy of Driver's License, State ID, Military ID, Passport, Birth Certificate, Letter from Social Security verifying birth date) Attached

**OR**

\_\_\_\_\_ Proof of Disability\* Attached

\_\_\_\_\_ SSI (Supplemental Security Income) Award Letter stating client is disabled

\_\_\_\_\_ Veteran's Award Letter stating client is disabled

\_\_\_\_\_ Workman's Compensation Award Letter stating client is disabled

\_\_\_\_\_ Social Security Award Letter stating client is disabled

\_\_\_\_\_ Physician's Letter of Verification stating client is disabled

**\*Documentation must state the applicant is disabled**, as per the definition of disability in the Americans with Disabilities Act. *An Income Statement does not qualify.*

**For Office Use Only**

Application Status: \_\_\_\_\_ Approved \_\_\_\_\_ Denied Card Number Assigned: \_\_\_\_\_

Please Return completed application and a copy of eligibility documentation to:

Warren County Office of Grants Administration  
c/o E&D Application  
406 Justice Drive, Room 251  
Lebanon, Ohio 45036

Or scan and email to: vicki.perry@co.warren.oh.us

Or fax to: (513) 695-2980 If you have questions, please call (513) 695-1259