



VIRGINIA RAILWAY EXPRESS

1500 King Street, Suite 202
Alexandria, VA 22314
Ph: 703-684-1001/TTY: 703-684-0551
Fax: 703-684-1313

APPLICATION FOR REDUCED FARE ID CARD FOR THOSE WITH DISABILITIES

PART A: APPLICANT INFORMATION (ALL INFORMATION MUST BE COMPLETED)

NAME: (PLEASE PRINT CLEARLY)

LAST NAME FIRST NAME M.I.

STREET ADDRESS: (HOME ADDRESS REQUIRED - NO P.O. BOXES OR OFFICE LOCATIONS)

STREET ADDRESS/APT # CITY STATE ZIP CODE

PHONE # _____ **DATE OF BIRTH:** _____ **LAST FOUR DIGITS OF SS #**
_____ X X X - X X - _____

Gender: Male _____ Female _____ **E-Mail:** _____

[E-MAIL ADDRESS IS IMPORTANT - DELAYS MAY OCCUR IN PROCESSING APPLICATION IF LEFT BLANK]

Do you use elevators where possible? _____ Yes _____ No

Do you require the use of the lift to access VRE trains? _____ Yes _____ No

Origination Station: _____

Destination Station: _____

In case of an emergency, who should be notified?

Name: _____ **Ph#** _____

By signing below, you are acknowledging that the above-information is true and accurate and that you qualify for VRE's Reduced Fare ID under the stated guidelines on page 2 of this application:

Signature **Date**

PART B: GUIDELINES FOR HEALTH CARE PROFESSIONALS

The following guidelines are to be used to evaluate applicants for VRE's Reduced Fare ID provided to People with Disabilities. Health care professionals with questions, please call 703-838-5422.

1. **NON-AMBULATORY:** An individual is unable to walk and requires the use of a wheelchair or other mobility device.
2. **SEMI-AMBULATORY:** An individual has a chronic condition, which substantially limits the ability to walk, or is unable to walk without the use of a caliper leg brace, walker or crutches.
3. **AMPUTATION:** An individual has an amputation of both hands, one arm, one hand and one foot, or one or both legs.
4. **STROKE:** An individual has substantial functional motor deficits in any of two extremities, loss of balance and/or cognitive impairments three months post stroke.
5. **PULMONARY OR CARDIAC CONDITIONS:** An individual has a pulmonary or cardiac condition resulting in marked limitation of physical functioning and dyspnea during activities such as climbing steps and/or walking a short distance. *If diagnosis is asthma, please state whether: a) Individual has been on systemic medication for the immediate past six months, **OR** b) Individual has been required to use fast acting inhaler for three or more episodes per week for the immediate past six months.
6. **BLIND OR LOW VISION:** An individual whose visual acuity in the better eye, with correction, is 20/200 or less, or who has tunnel vision to 10 degrees or less from a point of fixation or so the widest diameter subtends an angle no greater than 20 degrees.
7. **DEAF OR HARD OF HEARING** (This Guideline **must** be certified by either a licensed audiologist or a licensed otolaryngologist who is relying upon an audiogram for diagnosis): An individual whose hearing loss (HL) is 70 dB or greater in the 500, 1000, 2000 Hz. ranges in both ears, regardless of the use of hearing aids.
8. **NEUROLOGICAL CONDITIONS:** An individual has difficulty with coordination, communication, social interaction and/or perception from a brain, spinal or peripheral nerve injury or illness, has functional motor deficits, or suffers manifestations that significantly reduce mobility.
9. **INTRACTABLE EPILEPSY:** An individual has had at least one tonic-clonic seizure within the past six months, despite taking prescribed medication.
10. **DEVELOPMENTAL OR LEARNING DISABILITIES:** An individual has a significant learning, perceptual and/or cognitive disability with a specific diagnosis. Some conditions are excluded from eligibility such as attention deficit disorder (ADD) and dyslexia.
11. **MENTAL ILLNESS:** An individual whose mental illness is chronic, long-term and includes a substantial disorder of thought, perception, orientation, or memory that impairs judgment and behavior. A specific diagnosis is required.
12. **CHRONIC PROGRESSIVE DEBILITATING CONDITIONS:** An individual who experiences debilitating diseases, autoimmune deficiencies, or progressive and uncontrollable malignancies, any of which are characterized by fatigue, pain and/or changes in mental status that impair mobility.

PART C: HEALTH CARE PROFESSIONAL CERTIFICATION (MUST BE COMPLETED)

Applicants' Authorization: By Signing below, I hereby authorize the health care professional completing this application to release to the Virginia Railway Express information about my disability in order to verify my eligibility for a VRE Reduced Fare ID Card.

Original Signature of Applicant
(Under 18, Signature of Parent or Guardian Required)

Date

This section must be completed by a licensed or certified health care professional as described on Page 4 and must be signed within 60 days of filing the application with VRE. Information on this application will remain on file with VRE and is not subject to public review.

NAME OF HEALTH CARE PROFESSIONAL: (PLEASE PRINT CLEARLY)

LICENSE NUMBER/STATE ISSUED:

PHONE #:

STREET ADDRESS & SUITE #

CITY, STATE, ZIP:

PHYSICIAN SPECIALITY: _____ (i.e., OSTEOPATH)

Review Part B: Guidelines for Health Care Professionals on Page 2. **Select all appropriate Guideline Number(s) and provided detailed information below regarding the applicant's disability. Specific DSM or ICD code(s) are required. (MUST BE COMPLETED TO DETERMINE ELIGIBILITY)**

Guideline Number(s): _____

Complete DSM or ICD Code(s): _____

Specific Diagnosis: _____

- 1. Check one or more of the accessibility features below that the applicant requires to use public transportation:
 Elevators Immediate Accessibility to Restroom on the train
 Wheelchair Lifts **None Required**
- 2. Does the applicant require a personal care attendant to utilize public transportation? Y N
[if yes, a letter from the referring physician is required, explaining the nature of the disability and why special assistance is needed for commuting on VRE trains]
- 3. Expected duration of Disability:
 Temporary: Short-term conditions that last at least 90 days but likely to improve within one year
 3 months 6 months 9 months 1 year
 Long-Term: Conditions with potential for improvement or long periods of remission (3 year card)
 Permanent: Conditions with absolutely no expectation of improvement (5 year card)

Signature of Health Care Professional: _____ **Date:** _____

False certification may be reported to the licensing agency under District of Columbia Code Annotated, Section 2-3305.15, Code of Virginia 54.1-2915, or Maryland Health Occupations Code Annotated 14-404. VRE reserves the right to: (1) verify the validity of the health care professional providing the certification, (2) make the final determination on an applicant's eligibility for the Reduce Fare ID Card and Attendant Eligibility, and (3) retain a copy of the application.

REDUCED FARE ID CARD FOR PERSONS WITH DISABILITIES

VRE Trains and stations are designed to be accessible to persons with disabilities. VRE offers a 50% discount off the cost of our tickets to patrons with disabilities at our vendors located near Union Station, L'Enfant, Crystal City, Alexandria, and Franconia/Springfield, as well as by mail through Commuter Direct. Passengers must have a valid VRE Reduced Fare ID or Medicare card to purchase tickets at the discounted rate.

An individual with a Medicare card may obtain a VRE Reduced Fare ID Card by completing Section A only of the application, providing a copy of the Medicare card, and a jpg "headshot" for the new ID. See Page 5 for submitting options. Once you have obtained your VRE Reduced Fare ID card, carry it with you when you board the train. Our conductors have the right to see the qualifying ID used to purchase the discounted ticket and may issue a summons for fare evasion if no ID is available.

Through December 31, 2009, individuals who have a current Metro (WMATA) "Long Term" or "Permanent" disabled ID may submit a copy of this ID to obtain a VRE Reduced Fare ID Card, along with a completed Section A of the Application, and a jpg "headshot". See page 5 for submitting options. After January 1, 2010, only fully completed applications (including Physician Certifications) will be accepted from persons with disabilities who need a VRE Reduced Fare ID.

A disabled attendant pass is available for persons needing an attendant to help them navigate the VRE system. To be eligible, the authorizing physician must answer yes to question 3 in Part C and provide a letter explaining the nature of the disability and why special assistance is needed for commuting on VRE trains. Upon receipt and verification, VRE will create a special fare exempt pass for an attendant.

GUIDELINES FOR COMPLETING THIS APPLICATION

1. Read the entire application and complete Part A.
2. Take/forward Part B and C of the application to your health care professional for certification.
3. Health care professionals must review Part B: Guidelines for Health Care Professionals in order to make the determination whether or not completion of Part C is appropriate.
4. Submit Part A and Part C to the VRE, along with a "headshot" jpg for processing of the ID. See Page 5 for submitting options.

DEFINITION OF A HEALTH CARE PROFESSIONAL

One of the following health care professionals may certify you to qualify for VRE's Reduced Fare ID card. VRE may contact the health care professional for verification. VRE makes the final eligibility determination.

- A licensed physician can certify in his/her area of normal practice
- A licensed osteopath can certify in his/her area of normal practice
- A licensed podiatrist can certify for Guideline 2, Semi-Ambulatory
- A licensed optometrist can certify for Guideline 6, Blind or Low Vision
- A licensed audiologist or a licensed otolaryngologist **must** certify for Guideline 7, Deaf or Hard of Hearing
- A licensed clinical psychologist can certify for those applicants who are under the age of 21 years and for Guideline 10 only, Developmental or Learning Disabilities.

Eligibility determinations are governed by the Reduced Fare ID card policies in effect on the date the application is received by VRE.

OPTIONS FOR SUBMITTING YOUR APPLICATION

By Mail, Fax or E-mail

Mail the original, completed application to the Virginia Railway Express, Attn: Reduced Fare ID Card, 1500 King Street, Suite 202, Alexandria, VA 22314, by Faxing to 703-838-5422 or by e-mailing to agotthardt@vre.org. [Original Physician Certifications must be mailed in, but a copy can be sent in advance via e-mail or fax to start the application process]. After receipt of the application, ID's may take 10 business days (usually less) to process. You will be notified via the e-mail address provided on page 1 of the application if there is a problem in processing the application. Failure to provide an e-mail address will cause a delay in processing. A jpg "headshot" is needed for the ID. This should be sent to agotthardt@vre.org or you may come to the above-stated address to have your photo taken. During the application process, patrons with disabilities who need to ride the train will need to pay full fare. No refunds will be provided.

In Person at VRE's Office in Alexandria

Bring the original, completed application to our office located at 1500 King Street, Suite 202, Alexandria, VA 22314 between the hours of 7:30am to 6:30 pm Monday thru Friday. Please call ahead to ensure availability of staff (703) 684-1001. Your photo will be taken. After receipt, ID's may take 10 business days (usually less) to process. You will be notified via the e-mail address provided on page 1 of the application if there is a problem in processing the application. Failure to provide an e-mail address will cause a delay in processing. During the application process, patrons with disabilities who need to ride the train will need to pay full fare. No refunds will be provided.

OWNERSHIP OF A VRE REDUCED FARE ID CARD

The valid VRE Reduced Fare ID Card must be in the possession of the cardholder at all times while riding a VRE train. The ID must be shown in order to purchase any VRE tickets at the 50% discount. The conductor may ask to see the qualifying ID for anyone riding on discounted tickets. Refusal to comply will result in cancellation of the card and vendor notification. ID cards used in any unlawful manner will be confiscated.

REPLACING LOST VRE REDUCED FARE ID CARDS

If you lose your valid VRE Reduced Fare ID Card, you may obtain a replacement. A fee of \$5.00 is charged for the first replacement and \$10.00 for each subsequent replacement. The fee may be waived upon receipt of a police report documenting theft of the VRE Reduced Fare ID Card.

RENEWING VRE REDUCED FARE ID CARDS

If you have been issued a "permanent" or "long term" ID card – no cards have longer than a 5 year expiration to ensure current information and a relatively current photo is on file - approximately sixty (60) days before your card expires, please visit our website at vre.org or contact our offices at 703-684-1001 to determine what will be needed (i.e., updated contact information and a new jpg "headshot"). If your ID card has been expired for 30 days or more, you must complete a new application and obtain your physician's certification. If your card is considered to be "long term" (3 years) or "temporary" (3 mos. 6mos. 9mos. 1 year), but your disability continues, you will need to complete a new application and obtain your physician's certification.