



Cape Fear Public Transportation Authority- Wave Transit

**Application for Reduced Fare Rider Identification Card- Persons with Disabilities**

This application, when approved, entitles the applicant to a Reduced Fare Rider Identification Card. This card allows the applicant to ride any Wave Transit fixed route bus at the reduced rate. It is important to note this application is only applicable to **persons with disabilities** applying for a reduced fare card.

The cost of the identification card is \$1.00. Card shall remain valid for a period of five (5) years. The Reduced Fare Rider Identification Card is not-transferable. Misuse of the card can result in the cardholder’s privilege to ride at a reduced fare to be rescinded.

The information requested in this application is confidential. Any release of information is for transit planning purposes only and in such cases the person’s name will not be used.

The Reduced Fare Rider Identification Card is administered by Wave Transit and is in compliance with all federal, state and local laws.

The undersigned hereby makes application for a Reduced Fare Rider Identification Card and agrees to abide by the provisions of the reduced fare program. By submitting this application, the undersigned agrees to release the information on this application to Wave Transit for the purpose of reduced fare eligibility verification.

\_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date

---

**APPLICANT PERSONAL INFORMATION** (please print or type)

Last Name		Middle Name	First Name
Street Address	City	State	Zip Code
Phone		E-mail Address	

---



Cape Fear Public Transportation Authority- Wave Transit

**CERTIFICATION BY PHYSICIAN OR OTHER LICENSED MEDICAL PROFESSIONAL**

Please check the disability(s) which pertain to the individual listed above.

**Physical Disabilities**

- A. \_\_\_ Individuals who walk with difficulty, including individuals using a leg brace, a walker, or crutches.
- B. \_\_\_ Individuals with arthritis which causes a functional motor deficit in any major limb.
- C. \_\_\_ Individuals who have had an amputation, anatomical deformity, or loss of major function of limbs, hands, feet (unless well compensated by prosthesis) or spine, neck or pelvic area.
- D. \_\_\_ Cerebrovascular accident (stroke) causing the individual to have difficulty walking or standing.
- E. \_\_\_ Pulmonary illness or individuals with respiratory impairment.
- F. \_\_\_ Sight disabilities. Eligibility is limited to the legally blind.
- G. \_\_\_ Hearing disabilities. Deafness or hearing incapacity, including only those whose discrimination for conversational speech is less than 40% (even with a hearing aid), as measured by standard audiometric tests.
- H. \_\_\_ Cerebral Palsy. A disorder characterized by aberrations or motor function (paralysis, weakness, incoordination) often other manifestations, or traumatic brain injury.
- I. \_\_\_ Epilepsy. Major motor seizures (grand mal or psycho motor) substantiated by EEG, occurring more than once a month in spite of prescribed treatment.
- J. \_\_\_ Neurological disabilities. Eligibility is limited to neurological neuromuscular disorders which manifest sufficient restrictions in mobility, coordination, and / or perceptiveness. Such disorders may include: Parkinson’s disease, poliomyelitis, multiple sclerosis, amyotrophic lateral sclerosis, cerebella disorder, nerve injuries, neuropathies, muscular dystrophy, and impairment of vestibular function, (Meniere’s Syndrome).
- K. \_\_\_ Other physical disability. Please list the medical diagnosis and provide a description of the disability (please print or type).

---

---



Cape Fear Public Transportation Authority- Wave Transit

**Non-Physical Disabilities**

- A. \_\_\_ Intellectual Disability. Included in this group are those individuals who exhibit deficits in intellectual functions (reasoning, problem-solving, judgement), and who also have deficits in adaptive functioning that limit communication, social participation, or independent living across multiple settings.
- B. \_\_\_ Autism Spectrum Disorder. Individuals with this diagnosis often exhibit deficits in social communication and interactions, repetitive patterns of behavior, restricted interests/activities, and impairment in social, occupational, or other important areas of functioning.
- C. \_\_\_ Other non-physical disability. Please list the medical diagnosis and provide a description of the disability (please print or type).

\_\_\_\_\_

\_\_\_\_\_

I certify that the applicant has a:

A \_\_\_ Permanent disability (at least five years)

B \_\_\_ Temporary disability until \_\_\_\_\_, 20 \_\_\_

\_\_\_\_\_ Name of physician/licensed medical professional

Please provide your professional title/specialty and license number.

\_\_\_\_\_

\_\_\_\_\_ Signature of physician/licensed medical professional

\_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**Wave Transit Use Only**

\_\_\_\_\_  
Approved/Denied/Pending

\_\_\_\_\_  
Date