



# REDUCED FARE INFORMATION & APPLICATION

FOR PERSONS WITH MEDICAL DISABILITIES AND INDIVIDUALS 60 YEARS OF AGE OR OLDER

Thank you for your interest in GET's On-Demand Assist Program. This program provides reduced fare for eligible customers. This application is only for persons with disabilities and/or are age 60 and over.

**READ THE APPLICATION PROCESS CAREFULLY, MAKE SURE THE APPLICATION IS COMPLETE BEFORE SUBMITTING: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

- Individuals 60 years or older**
- Individual with qualified disability**
- Low income**

**Step 1:** Fill out personal information as listed below.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Step 2:** For all persons 60 years or older or individuals who qualify for Medicare benefits. Applicants must provide proof of age and photo identification (state issued ID, ID issued by a human services or health agency, or any identification) that verifies the identity of the individual seeking services.

Return completed application for processing in-person to the address listed on **Step 3** between the hours of 8AM and 5:30PM, Monday through Thursday ONLY. Upon review and approval of completed application, an On-Demand Assist card will be issued.

**Step 3:** Return completed application with photo ID (state issued ID, ID issued by a human services or health agency, or any identification) that verifies the identity of the individual seeking reduced fare privileges in-person or mailed to:

**Mail to:**  
Golden Empire Transit  
1830 Golden State Ave.  
Bakersfield, CA 93301

**OR**

**Drop off:**  
GET Downtown Transit Station  
2129 Chester Ave.  
Bakersfield, CA 93301

**For GET Internal Use Only**

\_\_\_\_\_  
Verified By

\_\_\_\_\_  
Date



**Income Based Qualification**

Please only check one.

- Household size 1 – \$18,754 or less
- Household size 2 – \$25,268 or less
- Household size 3 – \$31,781 or less
- Household size 4 – \$38,295 or less
- Household size 5 – \$44,809 or less
- Household size 6 – \$51,322 or less

By checking this box, I confirm that the income level I selected above is correct. I understand that in the future, I may be asked to provide proof of income.

**Mobility Information**

a.) Which of the following mobility aids or equipment do you use? (Check all that apply and read the disclosure below)

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Crutches         | <input type="checkbox"/> Cane              | <input type="checkbox"/> Walker  |
| <input type="checkbox"/> Oxygen tank      | <input type="checkbox"/> Service animal    | <input type="checkbox"/> Other   |

b.) Measurements of your manual/power wheelchair/scooter:

Width: \_\_\_\_\_ inches.      Length: \_\_\_\_\_ inches.      Weight: \_\_\_\_\_ lbs.

What is your current weight: \_\_\_\_\_ lbs.

c.) Do you require the use of a Personal Care Attendant?  YES  NO

A Personal Care Attendant (PCA) is a person that assists with one or more daily life activities. FTAC4710.1

**Disclosure:** On-Demand vehicles are designed to accommodate mobility aids that are up to 48 inches in length, up to 30 inches wide, and which, together with the passenger, weighing up to 600 pounds. These size limits are consistent with federal ADA regulations and the "common wheelchair" definition (49 C.F.R. Section 37.3 2001). Riders will be provided transportation when safe to so, and does not pose any safety concerns to rider, other passengers, or driver. I also acknowledge that I have read, understand and accept the disclosure regarding mobility devices.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date