Transportation Services for Seniors and Citizens with Disabilities

The Transit Authority of River City (TARC) has transportation options for seniors and citizens with disabilities. Citizens with disabilities are eligible to ride TARC's regular fixed-route service at a discount, with a TARC photo ID card.

Procedure for Obtaining a TARC Photo ID Card

1. TARC photo ID cards are 50¢ and can be purchased at the following locations:
   - Union Station, 1000 W. Broadway, 8 a.m. - 5 p.m., Monday - Friday
   - The Nia Center, 2900 W. Broadway, 8 a.m. - 4:30 p.m., Monday - Friday

2. Bring photo ID and proof of age, or Medicare card as verification of qualification.

3. If you do not have a Medicare card, the attached application must be completed by a licensed physician and returned to TARC.

4. You must bring application in person to obtain a photo ID.

5. A TARC Photo ID, good for three years, will be issued to qualified persons and will serve as proof of eligibility for discount fares on all TARC routes.

APPLICANT'S INFORMATION (PLEASE PRINT)

Name: ______________________ Date of Birth: _______ 
   Last   First   MI   MM/DD/YY

Street Address:_________________________________________________________

City, State, Zip:________________________________________________________

Applicant's signature ______________________ Date ____________________
PHYSICIAN CERTIFICATION OF APPLICANT (PLEASE PRINT)

The following information is needed to qualify applicant for reduced fares on public transportation. Eligibility is based on the definition of disability from the Urban Mass Transportation Act of 1972.

1. In your professional judgment, how long is this applicant’s disability expected to last?

2. Is this applicant physically and/or mentally able to use TARC’s regular bus service?

3. Disability code(s), listed below:

4. I hereby certify that

meets the criteria for qualification of TARC’s reduced fare program for seniors and citizens with disabilities.

Disability Codes:

1. Non-ambulatory Disability
2. Mobility Aid(s)
3. Arthritis
4. Amputation
5. Cerebrovascular Accident
6. Pulmonary Impairment
7. Cardiac Impairment
8. Dialysis
9. Vision Disability
10. Hearing Disability
11. Disability in Coordination
12. Mental Retardation
13. Cerebral Palsy
14. Epilepsy - Convulsive Disorder
15. Autism
16. Neurological Disability
17. Mental Disorder(s)
18. Intermittent Disabilities
19. HIV-AIDS
20. Diabetes
21. High Blood Pressure
22. Thyroid Disorder
23. Cancer
24. Spinal Cord Injury
25. Non-specific
26. Multiple Sclerosis
27. Hepatitis
28. Cirrhosis
29. Asthma
30. Obesity
31. Alzheimer’s
32. Osteoporosis
33. Learning Disability
34. Chronic Fatigue Syndrome

I certify that the above information is true and correct.

Physician signature _______________________________ Date ___________________