

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 | 18 Intermittent Disabilities | 40 Narcolepsy |
| 2 Mobility Aid(s) | 24 HIV-AIDS | 41 Mild Mental Retardation (MMR) |
| 3 Arthritis | 25 Diabetes | 42 Parkinson's Disease |
| 4 Amputation | 26 High Blood Pressure | 43 Blood Disorder |
| 5 Cerebrovascular Accident | 27 Thyroid Disorder | 44 Bone Disease |
| 6 Pulmonary Impairment | 28 Cancer | 45 Partial Paralysis |
| 7 Cardiac Impairment | 29 Spinal Cord Injury | 46 Carpal Tunnel Syndrome |
| 8 Dialysis | 30 Non-specific | 47 Migraines |
| 9 Vision Disability | 31 Multiple Sclerosis | 48 Chronic Venous Stasis |
| 10 Hearing Disability | 32 Hepatitis | 50 Sickle Cell Disease |
| 11 Disability in Coordination | 33 Cirrhosis | 51 Stroke |
| 12 Mental Retardation | 34 Asthma | 52 Scoliosis |
| 13 Cerebral Palsy | 35 Obesity | 53 Reflex Sympathetic Dystrophy |
| 14 Epilepsy - Convulsive Disorder | 36 Alzheimer's | 54 Fibromyalgia |
| 15 Autism | 37 Osteoporosis | 55 Kidney Disease |
| 16 Neurological Disability | 38 Learning Disability | 56 Plantar Fasciitis |
| 17 Mental Disorder(s) | 39 Chronic Fatigue Syndrome | 57 Herniated Disk |

I certify that the above information is true and correct.

Physician signature _____ Date _____