



Robert P. Astorino, County Executive  
Evan Latainer, Director  
Office for People with Disabilities

Dear Friend:

Westchester County offers reduced fares on all Bee-Line regular fixed buses for persons with disabilities. Enclosed is the Eligibility Certification form which is required to obtain the reduced fare card. The reduced fare is available only to Westchester County residents.

Since eligibility for the program is based on a permanent medical disability, the form **must be signed by a doctor, licensed psychiatrist/psychologist (a social workers signature is NOT acceptable)**. However, **Medicare** recipients are exempt from this requirement (bring your **Medicare** card along with proof of Westchester County residency to the address listed below). Additional exceptions to the submission of an application are listed on the form.

Applicants must appear in person at the Westchester County Center 198 Central Avenue, White Plains NY (located at the intersection of Central Avenue and Route 119 in White Plains) Monday through Friday between 10 a.m. and 4 p.m. to have their picture taken. **Please be sure to bring the following:**

- **Signed Application (Medicare ID Card)**
- **Proof of Westchester County Residency**
- **Photo Identification**
- **\$4.00 Fee**
- **Replacement Fee (current cost)**

**Upon completion of the application process a Westchester County Half Fare ID card will be issued. The enclosed form can also be used to obtain a Disabled Park Pass. The cost of a pass is \$75.00 and is good for six years.**

**Disabled Veteran:** *-Same requirements as for a Westchester County Park Pass plus must show a valid Disabled Veteran Identification which is issued by the Veteran's Administration. This will allow for a Free Park Pass valid for 3 years.*

Please be advised that the Westchester County Department of Public Works & Transportation, in conjunction with the Federal Transportation Administration, has determined that drug and/or alcohol dependencies do not by themselves constitute a transportation handicap and therefore do not qualify for a person to obtain a reduced fare ID card. Applications will not be approved for people who are solely participating in drug and/or alcohol treatment programs. Therefore, please take a moment to read and understand the eligibility criteria before going through the application process.

If you have any questions please contact Ms. Andrea Sadowski at (914) 995-2956 or (914) 995-7397 (TTY).

Sincerely,

*Evan Latainer*

Director

EL/fa/10-19-2015

# Reduced Fare I.D. Card Eligibility Certification for Westchester County

Name of Applicant: (PLEASE PRINT) \_\_\_\_\_

Address (City, State & Zip Code): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I, (name of applicant) \_\_\_\_\_ affirm under penalty of perjury that all statements made by me on this application and to any certifier (physician/psychiatrist/psychologist) who is named in this application, including all statements if any, concerning my disabilities, are true and complete.

Signature of Applicant & Date: \_\_\_\_\_

I, (*licensed professional*) \_\_\_\_\_ am a physician/psychiatrist/ psychologist licensed and/or certified to practice under the Laws of the State of New York. It is my professional opinion that the applicant identified above is a "disabled person" within the meaning of that term as set forth in the definitions below.

**Please note that a social workers signature is NOT acceptable.**

<p><b>Please Check One:</b></p> <p><input type="checkbox"/> Blindness: Having a central visual acuity of 20/200 or less in the better eye with the use of correcting lenses and whose peripheral vision is limited to a level of ten degrees. (Westchester County will accept the New York State Commission for the Blind and Visually Handicapped Certification of Blindness in lieu of a separate medical examination).</p> <p><input type="checkbox"/> Deafness: Complete lack of bone conduction in both ears or a hearing loss of 80 decibels (db) or greater as verified by audiometric testing.</p> <p><input type="checkbox"/> Permanent Ambulatory Disability: The person is permanently unable to move about without the aid of a wheelchair, walker, crutches, or a cane. <b>OR</b> The person suffers from a heart or respiratory ailment which makes it impossible or inadvisable to walk for long distances, <b>OR</b> The person has an obvious and serious permanent disorder of gait, which substantially interferes with the use of mass transportation facilities.</p>	<p><input type="checkbox"/> Developmental Disability: A handicapping condition originating before age 21 and continuing indefinitely which is attributable to Cerebral Palsy, Autism, head trauma, &amp; neurological impairment, developmental delay, or Epilepsy with a seizure in the past year.</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> The person has an I.Q. of 75 or less or has a physical or mental impairment resulting in restriction of function. The County of Westchester will accept a certificate from an accredited institution for treatment, education of shelter of Developmental Disabled person, signed by an MD or Psychologist.</p> <p><input type="checkbox"/> Mental Illness: The person has a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the person so affected requires care, treatment, and rehabilitation by a psychiatrist/ psychologist in a mental hospital or certified day program.</p>
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**\*As determined by the Stanford-Binet, DSM IV., or conversion of the Raven progression Matrices\***

Please Print Licensed Physician Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Licensed Physician Signature & Date: \_\_\_\_\_

Please Print Licensed Psychiatrist/Psychologist \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Licensed Psychiatrist/Psychologist Signature & Date: \_\_\_\_\_

State I.D. Number OR Stamp