Hancock Area Transportation Services & Wyandot Ride Service
Elderly & Disabled Reduced Fare Assistance Application

Application Date: ________________

Rider Name: _________________________________ Male _____ Female _____

Address: ________________________________ Apt # ______ City/Zip ____________________________

Phone # (____) __________________ DOB __________ Age __________

Signature of Applicant: __________________________________________

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Documentation of Eligibility:

1. Elderly: Age: _______ Must be 65 years old and over
   PROVIDE 1 OF THE FOLLOWING:
   Proof of Age: ______ Birth Certificate copy
     ______ Ohio ID Card copy
     ______ Driver’s License copy
     ______ Other __________________________

2. Disability: _______ Must have proof of Disability attached
   PROVIDE 1 OF THE FOLLOWING:
     ______ Letter from licensed or certified Health/Mental Health or Social Service Professional confirming disability (diagnosis optional)
     ______ Confirmation of enrollment in a sheltered workshop Inter-
     ______ Agency verification of disability (diagnosis optional)
     ______ Copy of SSI award letter or SS disability award letter

Reduced Fare card must be shown to Driver each trip to receive E&D fare assistance.

You can ride the bus at full fare anytime without the discount card.

Return this Application to:
HHWP Community Action Commission - HATS Manager
1637 Tiffin Ave, Findlay, OH 45839-0179

For Office Use:
E&D Reduced Fare Assistance card #_________ Date of issue: _______________

Replacement card (having the same number) – date of re-issue: __________

In Computer_________ Rev. 9/2015