

**ELIGIBILITY CHECKLIST FOR  
DISCOUNTED FARE**



\_\_\_\_\_ **Medicare Card Holder** — Complete only the top portion of the application and attach a copy of your valid Medicare Card and a copy of your valid government-issued Photo ID Card.

\_\_\_\_\_ **Age 65 or older** — Complete only the top portion of the application and attach a copy of your valid government-issued Photo ID Card to show proof of age.

\_\_\_\_\_ **VA Service Connected Card** — Complete only the top portion of the application and attach a copy of your VA Service Connected Card.



\_\_\_\_\_ **Disabled** — My disability can be professionally verified. Please check the appropriate box below and complete the application in its entirety.

My application has been completed by:

- A licensed or certified health care professional
- A representative from Cumberland County Mental Health
- A representative from Vocational Rehabilitation
- Other \_\_\_\_\_