



Special Service Card Guidelines

WHO QUALIFIES

Applicants who meet one or more of the following eligibility categories are approved for the Special Service identification card:

Senior Citizens – Individuals age 65 or older

Medicare Cardholders

Disabled – Per the Federal Transit Administration, individuals “*who by reason of illness, injury, age, congenital malfunction, or other incapacity or temporary or permanent disability (including any individual who is a wheelchair user or has semi-ambulatory capabilities), cannot use effectively, without special facilities, planning, or design, mass transportation service or a mass transportation facility.*”

HOW TO OBTAIN A SPECIAL SERVICE CARD

Applications are accepted in person at the Nashville Metropolitan Transit Authority (Nashville MTA) Ticketing Office. All applicants must complete the attached Special Service Card Application in its entirety. There is a processing fee of \$10.00 (**checks are not accepted**).

- Individuals age 65 or older must provide a copy of your valid government/state issues I.D. or Driver’s License.
- Medicare Recipients must provide a copy of their Medicare card plus a copy of their valid government/state issued I.D. or Driver’s License.
- Those applying as disabled must supply a copy of their valid government/state issues I.D. or Driver’s License and one of the following:
 - A disability statement from an authorized social service agency¹
 - SSI award letter
 - Social Security Letter referencing a disability
 - Completed Professional Certification of Disability
 - Veterans Administration Letter referencing a disability
 - DMV placard and current vehicle registration
 - Copy of a recent SSI Check
 - AccessRide Identification Card

This Special Service Card is the property of the Nashville MTA, and must be presented when boarding Nashville MTA/RTA transit services. Be advised that this card shall be surrendered upon request by a Nashville MTA official. Photos that are faded or illegible may be considered invalid and subject to confiscation. It is the responsibility of the card holder to maintain the card in good, useable condition.

¹ Includes: Clinical Social Worker, Independent Living Specialist, Occupational Therapist, Psychiatrist, Physical Therapist, Rehabilitation Specialist, Audiologist, Ophthalmologist, Physician, Psychologist, Registered Nurse, or Mobility Specialist/Instructor. This list provides some examples, but is not a comprehensive listing.





Special Service Card Application

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ ZIP: _____

Apt #: _____ County: _____

Daytime Phone: (____) _____ TTD/TTY: (____) _____

Evening Phone: (____) _____ Cell Phone: (____) _____

Birth Date: ____/____/____ Male Female

I am applying for a Special Service Card on the following basis: Please select one

- Age 65 or older
 Medicare Recipient
 Proof of Disability

Eligibility Verification & Approval

All applicants who apply based on being 65 years of age or older or Medicare Recipients shall automatically qualify for a Special Service Identification Card. Applicants seeking approval under the Disabled Persons category must provide documentation listed on page one of this applications. All applications require a Valid State ID or Driver's License.

Support Documents are to be turned in with this application. All applications require a \$10.00 process fee. **CHECKS ARE NOT ACCEPTED.**

<ul style="list-style-type: none"> • Age 65 or Older 	Copy of your valid government/state issues I.D. or driver's license
<ul style="list-style-type: none"> • Medicare Cardholder 	Copy of their Medicare card plus a copy of their valid government/state issued I.D. or driver's license
<ul style="list-style-type: none"> • Proof of Disability 	DMV placard and current vehicle registration, veterans admin letter referencing a disability, VA hospitalization card, social security letter referencing a disability, SSI award letter, a disability statement from an authorized social service agency, a copy of a recent SSI check or a completed Professional Certification found on next page.

HOW TO SUBMIT THIS APPLICATION

Bring completed applications, supporting documents, \$10.00 processing fee to Nashville MTA Ticketing Office, 400 Charlotte Ave., Nashville, TN 37219. **Mailed applications are NOT accepted.**

Applicant Acknowledgement and Release of Information

I understand that if any of the statements made on this application are false or inaccurate, I may lose the privileges granted under the Special Service Card program. I understand that this information is confidential and shall not be release without my approval or court order. I further understand that the Nashville MTA has the right to contact the professional completing this form to obtain additional information about my disability if applying as disabled.

Applicant Signature: _____ **Date of Application:** _____



PROFESSIONAL CERTIFICATION

Applicant's Release

I authorize the health care professional or authorized agency representative completing this application to release to the Nashville MTA information about my disability.

Name: _____ **Signature:** _____ **Date:** _____

This section MUST be completed by a licensed professional.

The applicant above request certification as disabled for issuance of a Special Service Identification Card to access transit at a reduced rate. Eligibility is as follows per the Federal Transit Administration: individuals *“who by reason of illness, injury, age, congenital malfunction, or other incapacity or temporary or permanent disability (including any individual who is a wheelchair user or has semi-ambulatory capabilities), cannot use effectively, without special facilities, planning, or design, mass transportation service or a mass transportation facility.”*

Please mark all conditions that affect the applicant's ability to use mass transit.

- The person cannot board or leave a transit bus with reasonable speed and/or without aid from another person.
- The person cannot stand without major support in a moving vehicle under normal acceleration and deceleration.
- The person has an **uncorrectable** vision impairment, which makes it difficult or impossible to read bus information or bus stop signs.
- The person has an **uncorrectable** hearing loss, which makes it difficult or impossible to hear verbal announcements or bus information through either direct personal or electronic communication.
- The person needs (for valid medical reasons) the aid of a cane, crutches or other mechanical devices to assist them in moving about.
- Due to physical or mental conditions, the person cannot use the bus without the help of another person or special training.

The person's disability can generally be describes as: _____

_____ Disability is permanent. _____ Disability is temporary and will last until: _____

Due to the disability indicated above, I hereby certify that the applicant named on the other side of this application has a disability that limits their ability to use the services of the Nashville MTA, and to the best of my knowledge, the above information is true and correct.

Authorized Signature: _____ **Date:** _____

Name of Physician or Agency (please print): _____

Agency Contact Person (please print): _____

Address: _____

Phone Number: _____

FOR OFFICE USE ONLY:

Approved: _____ Not Approved: _____ By: _____ Date: _____