



# **Spartanburg Area Regional Transit Agency**

## **Half-Fare Program**

*Effective November 2006  
Revised January 2008*

Individuals who qualify for SPARTA's Half-Fare Program are entitled to ride regular fixed route buses for one-half the regular adult fare during off-peak times. Individuals must submit the completed application form and be approved before a photo ID card will be issued. SPARTA's ID card is required and must be shown when boarding the bus in order to receive half-fare privileges.

### **Who is eligible?**

The Half-Fare Program is available for those individuals who are 65 years of age or older, for individuals who are Medicare recipients, or for those who have a physical or mental disability that is verified by a licensed physician.

### **How do I qualify?**

1. Fill out the Half-Fare Program application.  
Medicare cardholders must complete and sign part I of the application form. Persons with disabilities who are not 65 years of age or older and who do not have a Medicare card must complete and sign Part I and must also have a licensed physician fill out and sign Part II.
2. Bring the completed and signed application form and all other supporting documents (including a photo ID, a driver's license, South Carolina ID, or birth certificate) to the downtown Passenger Center at 100 N Liberty Street between 8:00 AM and 5:00 PM Monday through Friday. The application will be processed and your eligibility will be determined. Upon acceptance into the program, you will be issued a Half-Fare ID card.
3. Persons 65 years of age or older are not required to fill out the application. A regular picture ID is required at the time of boarding for the reduced rate.

### **Card replacement**

There is no charge for the original ID card. If your card is lost or stolen, please notify SPARTA immediately by calling 562-4287. Replacement IDs will be issued at a cost of \$2.00 per card. Cards used improperly will be confiscated and privileges will be revoked.

If you have any questions about the Half-Fare Program, please call 562-4287 between 8:00 AM and 5:00 PM Monday through Friday.



# SPARTA HALF-FARE PROGRAM

## APPLICATION FORM - PART II

(to be completed by a physician only)

To be eligible for the SPARTA Half-Fare Program, your patient/client must have a physical or mental condition that falls within the medical criteria listed below. If you confirm that the patient/client is physically or developmentally disabled, that person will be eligible for reduced fares on SPARTA public bus services. Persons will not be eligible for reduced fares if their sole incapacity is pregnancy, obesity, acute or chronic condition due to drugs, alcohol, or any contagious disease. All information will be held confidential.

Please circle the number which applies to the applicant's condition:

### Physical Disabilities

1. Restricted Mobility: Disabilities requiring the use of a cane, crutches, leg braces, walker, or other orthopedic devices used to assist an individual in moving about
2. Arthritis: The American Rheumatism Association criteria may be used for the determination of arthritic disability. Therapeutic Grade III, Functional Class III, Anatomical State III, or worse are evidences of arthritic disability.
3. Loss of Extremities: Anatomical deformity, amputation of both hands, one hand and one foot, or loss of major function
4. Cerebrovascular Accident: Ongoing debilitating effect which follows on occurrence of a cerebrovascular accident
5. Cardio-pulmonary Disease: Serious loss of heart or lung reserves as shown by X-ray, EKG, or other tests, and in spite of medical treatment, there is breathlessness, pain or fatigue
6. Dialysis: The use of a kidney dialysis machine in order to live
7. Acquired Immunity Deficiency Syndrome: AIDS/HIV positive

### Visual Disabilities

8. Legally Blind: Visual impairment that is bilateral and not correctable with lenses
9. Contraction of Visual Field: Widest diameter of an angular distance of 20 degrees, or less than 10 degrees from point of fixation, or a visual field efficiency is 20 degrees or less

### Hearing Disabilities

10. Legally Deaf: Hearing impairment that is bilateral and not correctable with a hearing aid

### Mental Disabilities

11. Developmentally Disabled: A mental disability that originates before age twenty-two
12. Adult Mental Retardation
13. Epilepsy (grand mal or psychomotor): Anyone who is seizure-free for a continuous period of six months is disqualified

- 14. Autism: Monotonously repetitive motor behavior, severe withdrawal, inappropriate response to stimuli, and very inadequate social skills
- 15. Neurological Disabilities: Neurological and physical impairments not controlled by medication (such as cerebral palsy or multiple sclerosis)
- 16. Organic Brain Syndrome or Emotionally Disturbed: A chronic illness or disturbance that requires boarding or home care or a funded work activity or workshop
- 17 Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is disability permanent?    Yes             No   
(If temporary, please indicate the month/year temporary disability ends: \_\_\_\_\_)

I hereby certify that the applicant, \_\_\_\_\_, is disabled as defined by the preceding criteria and that the information contained on this form is true.

Physician's Name: \_\_\_\_\_  
(please print)

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_                      Telephone No.: \_\_\_\_\_