

**CAPITAL DISTRICT TRANSPORTATION AUTHORITY
MEDICAL DETERMINATION FORM
HALF FARE APPLICATION**

**110 Watervliet Avenue
Albany, NY 12206
(518) 437-8300**

This is a medical determination form that will help determine eligibility for Half Fare on CDTA buses. A physician, physician assistant, chiropractor, optometrist, audiologist, podiatrist or clinical psychologists must certify that an individual has a disability that is physical, mental, cognitive or visual that limits one or more of their major life activities.

The completed form must be return to CDTA. An approval letter is mailed backed to the applicant. Once received the applicant takes it to the agency listed on the letter to receive the card. For more information consult the Half Fare brochure.

Thank you.

(Name of individual)

(Address)

(City) (State) (Zip)

I certify that the applicant's disability(ies) criteria is/are (please circle)

- 1) Mobility Impairment includes persons with significant mobility impairment, wheelchair users as well as mobility aid users.
- 2) Physical Impairments can include respiratory, cardiac, dialysis, and neurological problems.
- 3) Visual impairments include legally blind individuals as well as individuals with visual acuity no better than 20/200 in best eye after correction.
- 4) Mental Impairments includes mental and emotional impairment as outlined by the American Psychiatric Association present for at least 3 months and expected to continue for at least 3 months past the application date.
- 5) Hearing Impairments include total deafness and persons who hearing loss in 70dba or greater.
- 6) Special Education Student in a NY State elementary, junior or senior high school (certification letter on school letterhead)

In my professional judgment the applicant's disability is:

Temporary _____ How long? _____

Permanent _____

Note: ID Cards will not be issued for time periods of less than 3 months or more than 5 years.

Signature: _____ Date _____

Name (please print) _____

Address: _____

City/Zip: _____ Telephone: _____

License # _____