



APPLICATION FOR REDUCED FARE S/D/M & Youth PRONTO Card (SHORT FORM)

Note: If you are applying for a San Diego Metropolitan Transit System (MTS) S/D/M PRONTO Card with a statement of disability from a physician, **STOP** and complete the Application for Reduced Fare (Long Form).

Section A. APPLICANT INFORMATION (Please print legibly)

Name _____ Date of Birth ____/____/____
Last First Middle Initial

Mailing Address _____ Apt. No. _____

City _____ State _____ ZIP _____ Phone No. (____) _____

Section B. NEW CARD or REPLACEMENT

- New card:** If you have not had an S/D/M PRONTO Card before, check this box. The cost is \$7.
- Replacement card:** If your S/D/M PRONTO Card was lost, stolen, or expired, check this box. The cost of a replacement card is \$7 (does not include balance protection on lost, stolen or expired card unless your card was registered).

Section C. CERTIFICATION OF ELIGIBILITY

Please mark your eligibility category below. Check **ONLY ONE** category. Applicants are required to present a valid passport or a valid state-issued photo ID card in addition to the documents listed below.

<input type="checkbox"/>	Seniors	Applicants who are 65 years of age or older or born on or before September 1, 1959 must show valid picture ID with birth date. Acceptable forms of ID for proof of age are: 1. Valid State Driver License; or 2. Valid DMV Identification Card; or 3. Valid Passport.												
<input type="checkbox"/>	Supplemental Security Income (SSI) -or- Social Security Disability Income (SSDI)	<input type="checkbox"/> SSI -or- <input type="checkbox"/> SSD Award Letter Date: ____/____/____ BNC#: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Applicant must show ORIGINAL award letter (issued within ONE YEAR) to MTS Transit Store staff. Photo copies will NOT be accepted.												
<input type="checkbox"/>	DMV Disabled Eligibility	Valid Registration Number for DMV Placard: _____ Applicant must show valid registration for a DMV placard to MTS Transit Store staff. Photo copies or faxes will NOT be accepted.												
<input type="checkbox"/>	Medicare Recipient	Medicare Card (not Medi-Cal) Applicant must show original Medicare Card to MTS Transit Store staff. Photo copies or faxes will NOT be accepted.												
<input type="checkbox"/>	Disabled Veteran	Veterans Administration (VA) Award Letter Applicant must show original VA Award Letter confirming a minimum of 50% service connected disability to MTS Transit Store staff. Photo copies or faxes will NOT be accepted.												

<input type="checkbox"/>	MTS Access Recipient	MTS Access Certification expiration date: ____ / ____ / ____ Applicant must show original MTS Access Certification to MTS Transit Store staff. Photo copies or faxes will NOT be accepted. By initialing here, I authorize MTS to confirm MTS _____ Access Certification through Medical Transportation Management (MTM).
<input type="checkbox"/>	NCTD or Other California Transit Agency Disabled ID	Applicant must show valid, unexpired NCTD or other California transit agency reduced-fare disabled or complementary paratransit ID and government-issued photo ID (if no photo included on disabled ID).

<input type="checkbox"/>	Youth	Applicants who are 18 years of age or younger. Acceptable forms of ID for proof of age are: 1. School ID; or 2. Valid Government-Issued Identification Card; or 3. Valid Passport; or 4. Original Birth Certificate. Date of Birth: ____ / ____ / ____
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Section D. APPLICANT SIGNATURE

I certify to the best of my knowledge that the information on this application is true and correct.

I understand that providing false or misleading information could result in my eligibility status being terminated.

I understand that I must either: under the age of 19, or be 65 years of age or older or born on or before September 1, 1959; have a valid award letter from SSI or SSDI; have a Medicare card; have registration for DMV placard; have a valid VA award letter showing a minimum of 50% service-connected disability; or be an MTS Access recipient; or have another valid California transit agency disability or complementary paratransit ID.

I understand that I must provide this completed and signed application and the required state or government-issued photo ID that shows that I qualify for a reduced fare in person to be considered for a Youth or S/D/M PRONTO Card. I understand that there is a processing fee for the card.

I understand that the Youth and S/D/M PRONTO Card is NOT transferrable to others.

I understand that MTS reserves the right to determine eligibility based on federal guidelines.

I understand that the Youth and S/D/M PRONTO Card is valid until the date printed on the card and that I must reapply at that time if I wish to continue my eligibility with the program.

I understand that I must tap my Youth and S/D/M PRONTO Card on the bus farebox card reader or Trolley validator in order to use MTS services.

Signature _____ **Date**

(Parent/Legal Guardian must sign if applicant is under 18)

Section E. REGISTRATION for S/D/M BALANCE PROTECTION

<input type="checkbox"/>	YES – Register S/D/M PRONTO Card for FREE Balance Protection Balance Protection is a FREE Program to replace the balance on a lost, stolen, damaged or expired S/D/M PRONTO Card. You MUST select “YES” for the Balance Protection to register your S/D/M PRONTO Card.
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Return Application in Person to: **MTS Transit Store, 1255 Imperial Avenue – 1st Floor San Diego, CA 92101**

Hearing-Impaired Customers: TDD – Southern San Diego County 619.234.5005
 TDD – Northern San Diego County 1.888.722.4889

Section F. FOR OFFICE USE ONLY

_____	____ / ____ / ____	_____
Government or State-Issued ID Card	Expiration Date	Staff Initials
PRONTO Card No.: _____ (Please print clearly)		
_____	____ / ____ / ____	_____
Card Issue Date	Eligibility Expiration Date	