



# Nashua Transit System City Bus Honored Citizen ID Application

Thank you for your interest in the Nashua Transit Systems (NTS) City Bus service. Persons whom are found eligible through this application process as are eligible for a reduced fare while traveling on our City Bus system. If you have any questions regarding this process please call the NTS Transit Coordinator at (603) 821-2030.

Please mail your application to:  
NTS Administration office  
11 Riverside St.  
Nashua NH 03062

If you are approved for an Honored Citizen ID Card you will receive an Honored Citizen ID Card. ID cards will be valid for a maximum of 3 years.

If NTS determines that you are not eligible for an Honored Citizen ID Card, you are entitled to a hearing to appeal this decision. A copy of the appeals procedure is given to each person who is applying for eligibility.

All information obtained in this certification process will only be used by NTS for the provisions of an Honored Citizen ID Card. This information will be kept strictly confidential and will not be provided to any other person or agency.

## Part A: Client Information:

New Applicant

Re-certification

Replacement ID

Applicant Name: (First, Last, Initial) \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Second (Evening) Phone #: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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To be completed if the applicant was helped by another person in the completion of the application.

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

## **Part B: Eligibility**

### **Must be completed by Applicant**

Check one of the following:

- I am a Medicare card holder. I understand that I may use my Medicare card as proof of a disability to receive the reduced fare while riding on the NTS City Bus service, however I would still like to receive a NTS ½ Fare Honored Citizen ID Card. I have attached a photocopy of my card.
  
- I am a current customer of the NTS City Lift service and have been found ADA eligible.  
(NTS will verify your eligibility)
  
- I am a veteran. I have attached proof of status:
  - Veterans ID.
  - DD-214 Form.
  - An original letter from the VA signed by a veteran's service officer.
  
- I am a senior citizen over the age of 60. I understand that I may use my state issued driver or non-driver ID as proof of age to receive the reduced fare while riding on the NTS City Bus service, However I would still like to receive a NTS Reduced Fare Honored Citizen ID Card. I have attached a state issued ID or included documentation with poof of age.

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If you fit into one of the above categories you **DO NOT** need to complete “Part C – Health Care Certification”. However, if you do not fit into one of the above categories you may still qualify for an Honored Citizen ID. Please complete the attached “PART C – Health Care Certification” and submit it with your application. If you have any questions please do not hesitate to contact the NTS Transit Coordinator at (603) 821-2030.

- I do not fall into any of the above categories, therefore I have provided Nashua Transit system with information from my licensed Health Care Professional (Part C)

X \_\_\_\_\_  
Applicants Signature

## Part C: Health Care Certification

### Must be completed by a Licensed/Certified Health Care Professional

- Any individual that has a condition requiring the use of crutches, wheelchair, walker, leg or foot braces, or other such devices in order to be mobile.
- Any individual who has less than 20/200 vision with best correction or a field restriction of 10 degrees or less. Any legally blind applicant must have a certificate of blindness from the NH Commission for the Blind.
- Any individual who is considered deaf and whose hearing is uncorrectable by use of a hearing aid.
- Any individual who cannot walk more than 200 feet to a bus route of final destination because of muscular-skeletal, pulmonary or cardiovascular disorder.
- Any individual who has a developmental disability or an emotional disorder. Eligibility for emotional disorders is as follows.
  - 6a. Emotionally disturbed person who is living in a community residence or boarding home and participating in a sheltered workshop or day hospitalization program.
  - 6b. Living at home and participating in a sheltered workshop or day hospitalization program.
- Any individual who is an amputee.
- Any individual who requires kidney dialysis treatment.
- The individual has a temporary disability affecting mobility (lasting at least three months but no more than 12 months) which can be expected to last until:

Date: \_\_\_\_\_

- Other transportation disability. Please describe: \_\_\_\_\_

**Please Note:** The physician or agency statement on this application must be completed and signed by a qualified physician or agency. **Nashua Transit System reserves the right to require any applicant to provide additional information if needed to clarify or verify a disability. This additional research may take additional time, preventing same day ID issuing.**

I hereby certify in accordance with federal regulation 49CFR.609.3, \_\_\_\_\_ (Applicants Name) in my opinion, qualifies for a Nashua Transit System reduced fare identification card, because his/her disability requires special assistance, facilities, planning or design in order to ride Nashua Transit System as effectively as persons who are not so affected.

**I declare under the penalty of perjury that the statements on this application are true and correct to the best of my knowledge and belief.**

X \_\_\_\_\_  
Health Care Professionals Signature                      Title                      License #

\_\_\_\_\_  
Health Care Professionals Name (please print)                      Date

\_\_\_\_\_  
Company Agency Name                      Daytime Phone #                      Address