

LOS CLIENTES ELEGIBLES PARA TARIFA REDUCIDA VIAJAN GRATIS POR TIEMPO LIMITADO



PROGRAMA DE TARIFAS REDUCIDAS

Un programa para personas con discapacidades que viajan en autobuses con rutas fijas por FAX a un costo reducido*

1. Para aplicar, visite el FAX Centro de Tránsito de Manchester (MTC)
 - MTC está ubicado en 3590 N. Blackstone Ave., frente el centro comercial de Manchester.
 - Las tarjetas de identificación se realizan de lunes a viernes de 8:30 a.m. a 3:30 p.m.
 - Si tiene preguntas antes de su visita, llame al (559) 621-RIDE (7433).
2. Junto con su identificación con foto federal o estatal, necesitará uno de los siguientes documentos para verificar su elegibilidad (vea los ejemplos en la parte posterior).
 - Tarjeta de identificación de Medicare (tarjeta blanca con rayas rojas y azules)
 - Recibo de placa para personas discapacitadas del Departamento de Vehículos Motorizados (DMV)
 - Carta de adjudicación del Seguro Social por Discapacidad (SSI/SSDI) (fecha dentro de 12 meses de su visita)
3. El día de su visita:
 - Tendrá que traer una identificación oficial con foto federal o estatal (por ejemplo, licencia de conductor) y uno de los documentos mencionado anteriormente.
 - Nota: si es menor de 16 años, por favor traiga una identificación de la escuela o una copia del certificado de nacimiento con la identificación con foto emitida por un padre por el estado o el gobierno federal.
 - Se tomará su foto para su identificación.
 - Su tarjeta de identificación de FAX se proporcionará en el momento.
4. Su nueva tarjeta de identificación tendrá una fecha de vencimiento (máximo tres años a partir de la emisión) y deberá renovarse al vencimiento.
5. Hay una tarifa de reemplazo de \$3 para tarjetas de identificación perdidas o dañadas.

Fresno Area Express no discrimina a las personas con discapacidades.

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Puede calificar automáticamente para el Programa de Tarifa Reducida si tiene una tarjeta de identificación estatal o federal y uno de los siguientes:

TARJETA MEDICARE

MEDICARE HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JOHN DOE

MEDICARE CLAIM NUMBER
000-00-0000-A

SEX
MALE

IS ENTITLED TO
HOSPITAL (PART A) 01-01-2007
MEDICAL (PART B) 01-01-2007

SIGN HERE →

RECIBO DE LA PLACA DEL DMV

DEPARTMENT OF MOTOR VEHICLES
 DISABLED PERSON
 PLACARD IDENTIFICATION
 CARD/RECEIPT

PLACARD NUMBER:
 EXPIRES:
 DATE ISSUED:

This identification card or facsimile copy is to be carried by the placard owner. Present it to any peace officer upon demand. Immediately notify DMV by mail of any change of address. When parking, hang the placard from the rear view mirror, remove it from the mirror when driving.

TYPE: N1 TV: 92 CO: 10

DOB: _____

ISSUED TO: _____

LAST NAME, FIRST NAME: _____

ADDRESS: _____

CITY STATE ZIP: _____

Purchase of fuel (Business & Professions Code 13660)
 State law requires service stations to refuel a disabled person's vehicle at self-service rates, except self-service facilities with only one cashier.

When your placard is properly displayed, you may park in or on:
 • Disabled person parking spaces (blue zones)
 • Metered zones without paying
 • Green zones without restrictions to time limits
 • Streets with preferential parking privileges are given to residents and motorists

You may not park in or on:
 • Red, Yellow, White, or Tow Away Zones
 • Crosshatch marked spaces next to disabled person parking spaces

It is considered misuse to:
 • Display a placard unless the disabled owner is being transported.
 • Display a placard which has been cancelled or revoked.
 • Loan your placard to anyone, including family members

Misuse is a misdemeanor (section 4461VC) and can result in cancellation or revocation of the placard, loss of parking privileges, and/or fines.

CARTA DE PREMIO SSI/SSDI

Social Security Administration
Retirement, Survivors and Disability Insurance

1 Notice of Award

2 Date: August 1, 2015

You are entitled to monthly disability benefits beginning July 2015.

The Date You Became Disabled

3 We found that you became disabled under our rules on January 28, 2015.

To qualify for disability benefits, you must be disabled for five full calendar months in a row. The first month you are entitled to benefits is July 2015.

What We Will Pay And When

- You will receive \$ _____ around August 7, 2015.
- This is the money you are due for July 2015.
- Your next payment of \$ _____, which is for August 2015, will be received on or about the third Wednesday of September 2015.
- After that you will receive \$ _____ on or about the third Wednesday of each month.
- New rules require you to receive your payments electronically, unless you get an exemption from the U.S. Department of the Treasury. Please call Treasury at 1-888-224-2950 to see if you qualify for an exemption.
- The day of the month you receive your payments depends on your date of birth.

Enclosure(s):
 Pub # _____