

REDUCED FARE ELIGIBLE CUSTOMERS RIDE FREE FOR A LIMITED TIME



REDUCED FARE PROGRAM

A Program for Persons with Disabilities Riding FAX Fixed-Route Buses at a Reduced Cost*

1. To apply, visit the FAX Manchester Transit Center (MTC)
 - MTC is located at 3590 N. Blackstone Ave., in front of the Manchester Mall.
 - ID cards are made Monday through Friday from 8:30 a.m. to 3:30 p.m.
 - If you have questions before your visit, call (559) 621-RIDE (7433).
2. Along with your federal or state picture ID, one of the following documents will be required to verify your eligibility (see samples on the back).
 - Medicare Identification Card (white card with red and blue stripes)
 - Department of Motor Vehicles (DMV) Disabled Person Placard Receipt
 - Social Security Disability Insurance (SSI/SSDI) Award Letter (dated within 12 months of your visit)
3. On the day of your visit:
 - You must bring an official federal or state picture ID (e.g., driver's license) and one of the above-listed documents.
 - Note: If you are under the age of 16, please bring a school ID or copy of your birth certificate with your parent's state or federal-issued photo ID.
 - Your FAX photo ID will be taken.
 - Your FAX ID card will be provided during your visit.
4. Your new ID card will have an expiration date (maximum three years from issuance) and must be renewed upon expiration.
5. There is a \$3 replacement fee for lost/damaged ID cards.
6. If you require a Personal Care Attendant (PCA) to ride with you, please bring a note to MTC from your healthcare provider, on the provider's letterhead, stating the need. Once verified by MTC, the PCA can ride with you for free.

**Reduced Fare riders can ride free at this time while subsidy funding is available.*

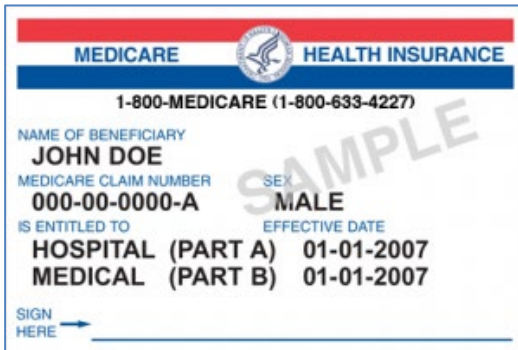
Fresno Area Express does not discriminate against persons with disabilities.

REDUCED FARE ELIGIBLE CUSTOMERS RIDE FREE FOR A LIMITED TIME

REDUCED FARE PROGRAM

You can automatically qualify for the Reduced Fare Program if you have a State or Federal photo ID card and one of the following:

MEDICARE CARD



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

NAME OF BENEFICIARY
JOHN DOE

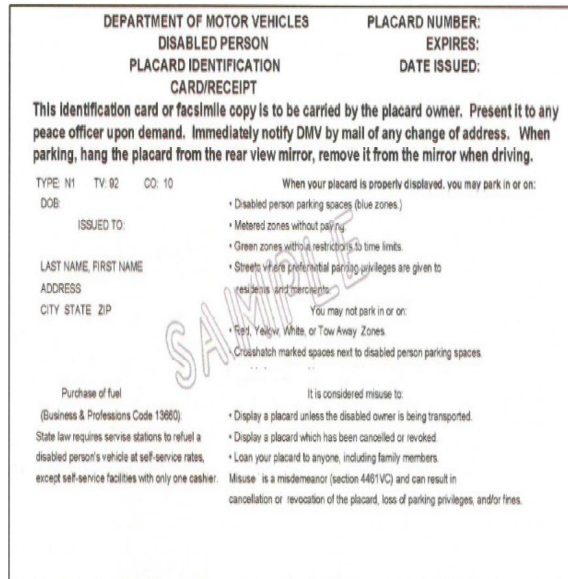
MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **MALE**

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

EFFECTIVE DATE

SIGN HERE →

DMV PLACARD RECEIPT



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: 02 CO: 10
DOB: _____

ISSUED TO: _____

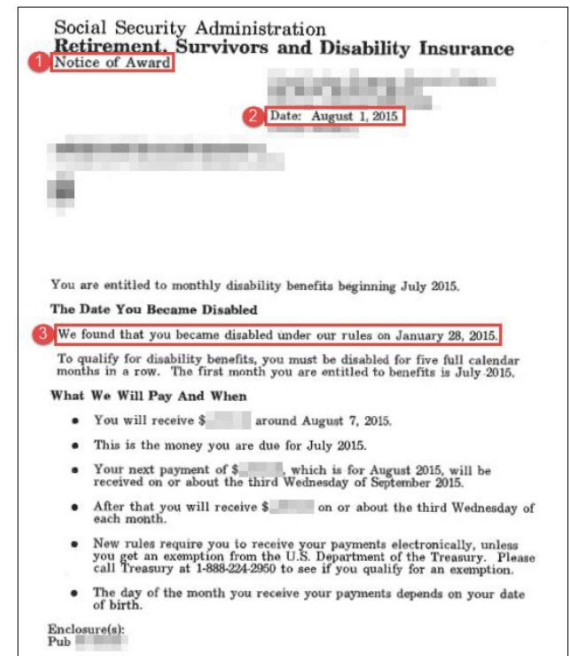
LAST NAME, FIRST NAME
ADDRESS
CITY STATE ZIP

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 where preferential parking privileges are given to residents and persons with disabilities.
• Rest, 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 4401VC) and can result in cancellation or revocation of the placard, loss of parking privileges, and/or fines.

SSI/SSDI AWARD LETTER



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 _____