



# Transportation Access Pass CharlieCard Application

Incomplete Applications Will Not Be Processed or Returned

## PART A: To Be Completed by Applicant

**Applicant Information:** (Please Print)  First time applicant  Renewal

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact Information:** Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Disability Information Release Authorization:

I authorize the health care professional completing this application to release information about my disability to the Massachusetts Bay Transportation Authority (MBTA).

\_\_\_\_\_  
Applicant Original Signature

\_\_\_\_\_  
Date

### Application Submittal:

Please return the completed application to the following address.

**No Photocopies or faxes accepted.**

### MBTA CharlieCard Store

Downtown Crossing Station

Underground Concourse

7 Chauncy St., Boston, MA 02111

You will receive an Application Status Letter in 6 – 8 weeks with instructions how to obtain your Reduced Fare CharlieCard. When visiting the CharlieCard Store, please present the original signed application, original required documentation and a valid driver's license, Registry of Motor Vehicles issued ID or Passport.

## PART B: TAP CharlieCard Eligibility Criteria

### Automatically Eligible Applicants (Original Documents Only)

Applicants who meet one of the criteria below are automatically eligible for a Transportation Access Pass (TAP) CharlieCard. Simply complete PART A, check off the category below that applies to you and present the required documentation.

Application may be subject to additional review depending upon documentation presented

- Medicare Card Holder/Part A & B or One Care Card:** Please present your Red, White, and Blue Medicare Card, Commonwealth Care Alliance One Care Card or Tufts Health Unify Card at the time of visit. *No Photocopies*
- Current customer of THE RIDE:** RIDE ID #: \_\_\_\_\_.
- Veteran with a disability rating 70% or greater:** Present Benefits Summary Letter on Veterans Administration letterhead, specifying disability rating.
- Reduced Fare card holder from MA or Out-of-State:** Present a current reduced fare card from your state or area with an expiration date.
- Clients of the following agencies:** Present original letter on agency letterhead from authorized agency representative (or vendor) verifying status as current client.
  - DMH/Department of Mental Health (including DMH vendors)
  - DDS/Department of Developmental Services
  - MRC/Massachusetts Rehabilitation Commission
- Travel Training**
- RMV Disability Placard**

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### All Other Applicants

If you do not meet one of the above criteria, complete PART A and have your licensed health care professional complete PART C of this application.

### IMPORTANT RULES AND CONDITIONS OF USE

- Your participation in the Transportation Access Pass CharlieCard Program is administered in accordance with the MBTA's Privacy Policy. The policy can be found at [www.mbta.com](http://www.mbta.com).
- Your Transportation Access Pass CharlieCard is subject to inspection or review by MBTA personnel at any time to ensure use by only the authorized person.
- An unauthorized person using your Transportation Access Pass CharlieCard is subject to criminal/civil penalties under Chapter 161, Section 113A of the MA General Laws and/or any other applicable MA General Laws. Additionally, you may be disqualified or suspended from participating in the Transportation Access Pass CharlieCard program for allowing unauthorized use of your card.

## PART C: Health Care Professional Certification

PART C must be completed by a licensed or certified health care professional, and must be received by the MBTA within 60 days of the health care professional's signature. **Please P-R-I-N-T.**

Name of Health Care Professional \_\_\_\_\_

Licensure Title \_\_\_\_\_ Specialty \_\_\_\_\_

License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**IMPORTANT PROGRAM NOTE:** The MBTA issues the Transportation Access Pass CharlieCard based on the level of difficulty applicants experience, and the extra planning and effort that may be required, to use public buses/trains/subway due to a physical, psychiatric, intellectual or sensory disability. The TAP CharlieCard is issued to applicants with disabilities who find it moderately/severely difficult to wait for a bus, hear announcements, read visual signs, understand and/or follow directions, board the correct train, maintain stamina, function well in crowds, walk certain distances to transfer between transit modes, etc. The TAP CharlieCard **IS NOT ISSUED** based on applicant's income level.

**1. What is the applicant's disability?**

Use Guideline Number(s) from back page \_\_\_\_\_

Specific Diagnosis: **(Must be completed by the Health Care Professional)**

\_\_\_\_\_  
\_\_\_\_\_

**2. How does the disability cause the applicant difficulty, as described in "Important Program Note" section above, when traveling on the MBTA?**

Please specify: **(Must be completed by the Health Care Professional)**

\_\_\_\_\_  
\_\_\_\_\_

**3. Expected duration of disability:** Please select only **one** of the two options below:

\_\_\_\_\_ Conditions with potential for improvement within 1 year

\_\_\_\_\_ Conditions with no expectation of improvement

**4. I certify that the information I have provided above about this MBTA TAP CharlieCard applicant is correct to the best of my knowledge:**

\_\_\_\_\_  
Original Signature of Health Care Professional

\_\_\_\_\_  
Date

# Guidelines for Health Care Professionals

Please use the categories below to complete Part C Health Care Professional Certification, Item #1: "What is applicant's disability?"

1. **WHEELED MOBILITY DEVICE USERS:** Those who, due to a disability, require the use of wheeled mobility, e.g. wheelchair, scooter, etc.
2. **SEMI-AMBULATORY DISABILITIES:** Those who, due to a disability, walk with difficulty or insecurity and may or may not use leg braces, walker, cane, crutches.
3. **SEVERE MUSCULOSKELETAL CONDITIONS** such as muscular dystrophy, osteogenesis imperfecta or arthritis where functional capacity is limited in ability to perform usual self care and/or vocational and avocational activities.
4. **AMPUTATION OF AN EXTREMITY.** Please specify which limb(s) are affected.
5. **SEVERE EFFECTS FROM CVA (STROKE):** Eligible conditions include functional motor deficit affecting any two limbs or ataxia 4 months post cva.
6. **SEVERE PULMONARY CONDITIONS** (obstructions/restrictions) that affect mobility. Those with PFT outcomes < 50% of predicted values (FEV1; FVC; %FEV1; FEF25%-75%). Dyspnea occurs during usual activities of daily living; climbing a flight of stairs or walking 100 yards; with the slightest exertion; or even at rest.
7. **SEVERE CARDIAC CONDITIONS** that result in moderate or marked restriction in ordinary physical activity; and may cause fatigue, palpitations, dyspnea or angina pain when walking one or more level blocks, climbing a flight of ordinary stairs, or even at rest. Classifications: Functional III or IV; Therapeutic C or D.
8. **PERSONS REQUIRING KIDNEY DIALYSIS TREATMENT**
9. **VISION IMPAIRMENTS:** Those who are legally blind, whose visual acuity in the better eye, after correction, is 20/200 or worse or visual field is contracted. [Applicant will be eligible for **MBTA Blind Access CharlieCard** with a current MA Commission for the Blind Card/Certificate or other Blindness Certification]
10. **HEARING-RELATED DISABILITIES**
11. **COORDINATION DISABILITIES:** Those with a functional motor deficit in any two limbs or who experience manifestations that significantly reduce mobility, coordination and/or perception.
12. **INTELLECTUAL DISABILITY**
13. **CEREBRAL PALSY:** Please include extent of difficulty in motor function.
14. **EPILEPSY (CONVULSIVE DISORDER)**
15. **AUTISM:** Please describe nature and severity of disability.
16. **NEUROLOGICAL DISABILITIES** affecting learning, perceptual and behavioral functioning. Please include nature of condition and etiology.
17. **PSYCHIATRIC DISABILITIES:** This section applies to those who have a **serious, long-term mental illness**, that:
  - includes a substantial disorder of thought, memory, perception, or orientation
  - grossly impairs judgment, behavior, capacity to recognize reality, or
  - greatly impacts ability to meet ordinary/independent life support needs of food, shelter, clothing, management of finances, and health care.Please indicate description and duration of condition.

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**For Internal Use Only:** Staff initials \_\_\_\_\_ Date \_\_\_\_\_

Approved: \_\_\_\_\_ Auto Renew \_\_\_\_\_ Denied \_\_\_\_\_ Incomplete \_\_\_\_\_