

# Fixed-Route Half Fare ID Card Program

The Federal Transit Administration (FTA) stipulates that The COMET as a grantee under Section 5307, “must allow the elderly, persons with disabilities, and Medicare cardholders to ride the fixed-route services for a fare that is not more than one-half the base fare charged other persons.” Just show required documents to the COMET operator/bus driver. In addition, The COMET will issue Fixed-Route Half Fare ID Cards to approved, qualified persons who meet the following eligibility criteria:

- Complete Section 1 of the application only and submit the documentation listed below:  
Senior age 65 or older (Birth Certificate & State issued ID card), veteran (Veterans ID card or DD214 & State issued ID card), child ages 16 and 17 years old (State issued ID card or School ID card & long form birth certificate), Medicare cardholder (Medicare Card & State issued ID card)
- Complete Section 1 of the application ONLY if you are: 39 inches tall to 15 years old. The COMET will provide you an ID card to ride The COMET for free. Submit a copy of your long form birth certificate, school ID card or State issued ID Card.
- Complete the ENTIRE application (Section 2 must be completed by a health-care professional) if you are younger than 65 years of age and have a: visual disability, physical disability and/or mental disability as defined in the categories attached to this application.

**PLEASE MAIL OR FAX YOUR COMPLETED APPLICATION TO:**

**The COMET**  
**Attention: Fixed Route Half Fare ID Card Program**  
**3613 Lucius Road**  
**Columbia, SC 29201**  
**Fax: (803) 255-7113**  
**Email: [info@CatchTheCOMET.org](mailto:info@CatchTheCOMET.org)**

**You may also bring the application to the address above, or the Transit Center located at 1745 Sumter Street, Columbia, SC, 29204.**

Upon completion of the review, you will be contacted as to your eligibility status for a Fixed-Route Half Fare ID Card. If your application for the Fixed-Route Half Fare ID Card is denied, you have the right to appeal this decision. The appeal process will be attached to the denial letter.

The information obtained in this application will be kept confidential. This information may be shared with other transit providers to facilitate travel in their areas.

Should you have any questions regarding this application or the Fixed-Route Half Fare ID Card Program, please call (803) 255-7100, TDD/TTY: 711 through the Relay Service or email [info@CatchTheCOMET.org](mailto:info@CatchTheCOMET.org).

## ELIGIBILITY CRITERIA CATEGORY DESCRIPTIONS

No medical certification is needed if you are one of the following:

- Medicare cardholder
- DMV disabled placard or plate holder
- A visitor possessing a valid person with disabilities ID Card issued by another transit agency
- **For Veterans:** Veterans ID Card, DD214 form
- **For Children:** 39 inches to 17 years old - Birth Certificate, State ID Card or School ID Card
- **For Seniors:** 65 years old and older - State ID Card or Birth Certificate

Medical certification must be completed if you fall within the following category:

<b>Category</b>	
1	<p><b>MOBILITY IMPAIRMENT</b> Individuals with a physical impairment disability that causes them to use assistive devices or mobility aids such as crutches, canes, wheelchairs and artificial limbs to obtain mobility.</p>
2	<p><b>ARTHRITIS</b> Inflammation of a joint, resulting from infection, trauma, degenerative changes, metabolic disturbances, or other causes. It occurs in various forms, such as bacterial arthritis, osteoarthritis, or rheumatoid arthritis.</p>
3	<p><b>AMPUTATION</b> Persons who have amputation of, or anatomical deformity of (e.g., loss of major function due to degenerative change associated with vascular or neurological deficits, traumatic loss of muscle mass or tendons and x-ray evidence of bony or fibrous ankylosis at an unfavorable angle, joint subluxation or instability) one or more of the following:</p> <ul style="list-style-type: none"> <li>• Both hands</li> <li>• One hand and one foot</li> <li>• Amputation of lower extremity at or above the tarsal region (one or both legs)</li> </ul>
4	<p><b>CEREBROVASCULAR ACCIDENT (STROKE)</b> Pseudobulbar palsy. Functional motor deficit in any of two extremities. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.</p>
5	<p><b>PULMONARY ILLS</b> Class 3 - Difficult or labored respiration does not occur at rest but does occur during the usual activities of daily living. However, the patient can walk a mile at his own pace without dyspnea although he cannot keep pace on the level with others of the same age and body build. Percent disability 40-50. Class 4 - Difficult or labored respiration occurs during such activities as climbing one flight of stairs or walking 100 yards on the level, or less exertion or even at rest. Class 5 - Difficult or labored respiration present on slightest exertion, such as dressing, talking, at rest.</p>
6	<p><b>CARDIAC ILLS</b> Cardiovascular impairments of functional Class III, IV, or therapeutic Class C, D, or E. Functional Classification Class III - Individuals with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, difficult or labored respiration, or original pain. For instance, inability to walk one or more level blocks or climbing flight of ordinary stairs. Class IV - Individuals with cardiac disease resulting in inability to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency or of the original syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased. Therapeutic Classification Class C - Individuals with cardiac disease whose ordinary physical activity should be moderately restricted. And whose more strenuous efforts must be discontinued. Class D - Individuals with cardiac disease whose ordinary physical activity is markedly restricted. Class E - Individuals with cardiac disease who should be at complete rest, confined to bed or chair.</p>
7	<p><b>DIALYSIS</b> Individuals who require treatment for kidney disease with the use of a dialysis machine to filter toxic substances from the blood.</p>
8	<p><b>SIGHT DISABILITIES</b> Individuals with a severe reduction in vision that cannot be corrected with standard glasses or contact lenses and reduces a person's ability to function at certain or all tasks. Legal blindness (which is actually a severe visual impairment) refers to a best-corrected central vision of 20/200 or worse in the better eye or a visual acuity of better than 20/200 but with a visual field no greater than 20° (e.g., side vision that is so reduced that it appears as if the person is looking through a tunnel).</p>

9	<p><b>HEARING DISABILITIES</b> Deafness or hearing incapacity that makes an individual unable to communicate or hear warning signals.</p>
10	<p><b>DISABILITIES OF INCOORDINATION</b> Individuals suffering faulty coordination or palsy from brain, spinal, or peripheral nerve injury and any person with a functional nerve injury and any person with a functional motor deficit in any two limbs or who suffers manifestations, which significantly reduce mobility, coordination, and perceptiveness not accounted for in previous categories.</p>
11	<p><b>INTELLECTUAL DISABILITY</b> Refers to sub average general intellectual functioning, which originates during the developmental period and is associated with impairment in adaptive behavior (a general guideline is an IQ that is more than two standard deviation below the norm).</p>
12	<p><b>CEREBRAL PALSY</b> A disorder dating from birth or early infancy, non-progressive, although is not treated there is marked regression in function characterized by examples of aberrations of motor functions (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, intellectual disability, learning difficulty, and behavioral disorders.</p>
13	<p><b>EPILEPSY (CONVULSIVE DISORDER)</b> A clinical disorder involving impairment of consciousness, characterized by major motor seizures (grand mal or psychomotor) substantiated by EEG, occurring more frequently than once a month in spite of prescribed treatment with: Diurnal episode (loss of consciousness and convulsive seizure) or Nocturnal episodes which show residual interfering with activity during the day.</p>
14	<p><b>INFANTILE AUTISM</b> A syndrome described as consisting of withdrawal, very inadequate social relations, language disturbance, and monotonous repetitive motor behavior. Many children with autism will also be seriously impaired in general intellectual functioning.</p>
15	<p><b>NEUROLOGICAL IMPAIRMENT</b> A disability characterized by learning, perceptual, and/or behavioral disorders of an individual whose IQ is not less than two standard deviations below the norm. These characteristics exist as a result of brain dysfunctions (any disorder in learning or using the senses), neurological disorder, or any damage to the central nervous system, whether due to genetic hereditary accident, or illness factors. This section includes persons with severe gait problems who are restricted in mobility.</p>
16	<p><b>SIGHT DISABILITIES</b> Individuals whose mental impairment substantially limits one or more of their major life activities. This includes inability to learn, work, or care for oneself. A principal diagnosis from the DSM III classification in one of the following areas is required for eligibility:</p> <ul style="list-style-type: none"> <li>•Organic Mental Disorders</li> <li>•Schizophrenic Disorders</li> <li>•Paranoid Disorders</li> <li>•Psychotic Disorder not elsewhere classified</li> <li>•Affective Disorders</li> <li>•Somatoform Disorders</li> <li>•Dissociative Disorder</li> <li>•Adjustment Disorders</li> <li>•Psychological Factors Affecting Physical Condition</li> </ul> <p><b>NOTE:</b> If an individual's disorder is in remission or primary incapacity is acute or chronic alcoholism or drug addiction, they will be specifically excluded from eligibility for the Fixed-Route Half Fare ID Card.</p>
17	<p><b>CHRONIC PROGRESSIVE DEBILITATING DISORDERS</b> Individuals who experience chronic and progressive debilitating diseases that are characterized by constitutional symptom such as fatigue, weakness, weight loss, pain and changes in mental status that, taken together, interfere in the activities of daily living and significantly impair mobility. Example of such disorders include:</p> <ul style="list-style-type: none"> <li>•Progressive and uncontrollable malignancies (e.g., terminal malignancies or malignancies being treated with aggressive radiation or chemotherapy.</li> <li>•Advanced connective tissue diseases (e.g., advanced stages of disseminated lupus erythematosus, scleroderma)</li> </ul> <p>Symptomatic HIV infection (e.g., AIDS or ARC is in CDC-defined Clinical Group IV, Subgroups A-E.)</p>

# Fixed-Route Half Fare ID Card Application

<b>Section 1: Applicant Information</b>					
Name:					
Street Address:					
City, State, Zip Code:					
Phone:			Email:		
Medicare #		Date of Birth:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
If someone filled out the application on behalf of the applicant, please provide the following information:					
Assistant or Agency's name:					
Assistant or Agency's address:				Email:	
City, State, Zip Code:			Phone:		
Signature:			Date:		
<b>Section 2:</b>			I am applying for categories: _____		
Is your disability:		Visual <input type="checkbox"/>	Physical <input type="checkbox"/>	Mental <input type="checkbox"/>	
Is your condition temporary?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how long?	
Mobility Aids (check all that apply):		Cane <input type="checkbox"/>	Crutches <input type="checkbox"/>	Walker <input type="checkbox"/>	Manual Wheelchair <input type="checkbox"/>
Service Animal <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Electric Wheelchair <input type="checkbox"/>	Power Scooter <input type="checkbox"/>	Other <input type="checkbox"/>	
Certification of Applicant:					
I hereby certify that, to the best of my knowledge, the information I have given on this application is correct, and that the application will be returned if it is incomplete.					
Applicant Signature:			Date:		
Health Care Professional Identification					
I hereby authorize my health care professional, identified below, to release any information necessary for the determination of my eligibility for The COMET Fixed-Route Half Fare ID Card.					
Name and Title of Professional:			Applicant Initials:		Date:
Street Address:			Fax:		
City, State, Zip Code:			Email:		
Medical Facility:			Phone:		
<b>Section 3: Health Care Professional Verification</b>					
The COMET requires the information below to be fully completed in order to process Fixed-Route Half Fare ID Card application.					
<b>Medical Diagnosis</b> (Do not use medical abbreviations):					
Is the applicant's condition temporary?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how long?	
Mobility Aids (check all that apply):		Cane <input type="checkbox"/>	Crutches <input type="checkbox"/>	Walker <input type="checkbox"/>	Manual <input type="checkbox"/> Wheelchair
Service Animal <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Electric Wheelchair <input type="checkbox"/>	Power Scooter <input type="checkbox"/>	Other <input type="checkbox"/>	
Signature:				Date:	
<b>The COMET use only</b>					
Date App Received:		Received By (Print Full Name & Sign):			
Date App Reviewed:		Reviewed By (Print Full Name & Sign):			
Date Card Issued:		ID Card #:			