



**APPLICATION FOR SHARE-A-FARE DISCOUNT TAXI**

**QUALIFICATIONS**

Persons eligible for Share-A-Fare **must live in one of the following cities:**

- A. Bethany, Del City, Midwest City, Moore, Nichols Hills, Oklahoma City, or The Village, . (This is the city that sends your water bill.)
- AND**
- B. Either be age 60 years or over, OR Have a disability that can be verified by a physician or certified health care professional.

**INSTRUCTIONS**

**SECTION 1**

- 1. If you are **age 60+ and live in one of the above cities:**  
Fill out **Sections 1 and 3** of this application completely and send to EMBARK along with a copy of your government-issued photo ID with birth date.
- 2. If you are **under age 60 and live in one of the above cities:**  
Fill out **Section 1, Section 2, and Section 3** of this application completely. Have your physician or certified health professional write a letter or note on **original** letterhead or prescription pad stating your disability. Return the completed application form with the professional’s letter or note and a recent photo or copy of your government-issued photo ID.

**EMBARC will process your completed application and notify you of your eligibility status by mail.**

PLEASE PRINT:

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

Date of Birth \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Street Address \_\_\_\_\_  
Street City State Zip Code

Mailing Address (If different from street address)  
 \_\_\_\_\_  
Street City State Zip Code

Please complete page 2 on the reverse side.

**SECTION 2**

**Page 2 Application for Share-A-Fare Discount Taxi**

If you are under age 60, do you have a disability? \_\_\_\_ Yes \_\_\_\_ No

If Yes, what is your disability? \_\_\_\_\_

How does your disability make it more difficult for you to use the bus system or a taxi?

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

Do you use any of the following for assistance when traveling?

\_\_\_\_ Crutches                      \_\_\_\_ Manual Wheelchair                      \_\_\_\_ Powered Wheelchair  
\_\_\_\_ Powered Scooter                      \_\_\_\_ Walker                      \_\_\_\_ Personal Care Attendant  
\_\_\_\_ Trained Service Animal

**SECTION 3**

**I certify the information provided in this application is true and correct to the best of my knowledge.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Complete if applicant was helped by another person in the completion of this form:

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

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Please review the application to make sure that you have answered all of the questions to the best of your ability. If you have questions regarding the application process, please contact EMBARK at **297-2372**.

**If age 60+, mail completed application along with a copy of your government-issued photo ID with birth date.**

**If under age 60, enclose a signed and dated note or letter, on original letterhead, or prescription pad from a certified health professional verifying your disability and a government-issued photo ID.**

Send to:            EMBARK  
                         Special Services  
                         2000 S. May Avenue  
                         Oklahoma City, OK 73108