



ATRANS
HALF-FARE PROGRAM APPLICATION

Please complete the application for determination of eligibility to participate in the Half-Fare Program. Also attach a copy of your LA Driver's License or ID card, birth certificate, proof of disability, or Medicare card (proof of benefits) and submit to address below:

City of Alexandria
ATRANS
P.O. Box 71
Alexandria, LA 71309-0071

Full Name	_____
Address	_____
Mailing Address	_____
Contact Number	_____
Email (optional)	_____
Social Security Number	_____
Date of Birth	_____

Please mark an (x) by the criteria that applies:

Elderly <input type="checkbox"/>	Disabled <input type="checkbox"/>	Medicare <input type="checkbox"/>
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Office Use Only	
Date application received: _____ Proof of Identification provided: Yes___ No___	
Type of Identification provided: _____	
Date of Approval: _____	
Approved By: _____	_____
Name	Title