

# Application for NYC Ferry Reduced-Fare Ticketing Program for People with Disabilities



## Information

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|                               |  |  |  |  |  |  |  |  |  |  |  |               |  |          |  |        |  |      |  |  |  |  |  |      |  |
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|                               |  |  |  |  |  |  |  |  |  |  |  |               |  |          |  |        |  |      |  |  |  |  |  |      |  |
| Last Name                     |  |  |  |  |  |  |  |  |  |  |  | First Name    |  |          |  |        |  |      |  |  |  |  |  | M.I. |  |
|                               |  |  |  |  |  |  |  |  |  |  |  |               |  |          |  |        |  |      |  |  |  |  |  |      |  |
| Street Address                |  |  |  |  |  |  |  |  |  |  |  | Apt./Unit No. |  |          |  |        |  |      |  |  |  |  |  |      |  |
|                               |  |  |  |  |  |  |  |  |  |  |  |               |  |          |  |        |  |      |  |  |  |  |  |      |  |
| City                          |  |  |  |  |  |  |  |  |  |  |  | State         |  | Zip Code |  |        |  |      |  |  |  |  |  |      |  |
|                               |  |  |  |  |  |  |  |  |  |  |  |               |  |          |  |        |  |      |  |  |  |  |  |      |  |
| Daytime Telephone             |  |  |  |  |  |  |  |  |  |  |  | Birth Date    |  |          |  | Female |  | Male |  |  |  |  |  |      |  |
| Registered on " - , Ferry App |  |  |  |  |  |  |  |  |  |  |  |               |  |          |  |        |  |      |  |  |  |  |  |      |  |
| Yes                           |  |  |  |  |  |  |  |  |  |  |  | No            |  |          |  |        |  |      |  |  |  |  |  |      |  |
|                               |  |  |  |  |  |  |  |  |  |  |  |               |  |          |  |        |  |      |  |  |  |  |  |      |  |
| Registered Email              |  |  |  |  |  |  |  |  |  |  |  |               |  |          |  |        |  |      |  |  |  |  |  |      |  |

***ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.***

## Mail Completed Application to:

**Mail:** NYC Ferry Operated by Hornblower Attn. Reduced Fare  
110 Wall Street  
New York, New York 10005

## Drop off: 34<sup>th</sup> Street Ferry Terminal Ticket Booth:

E. 35<sup>th</sup> Street & FDR Drive  
New York, New York 10016

*Or*

Pier 11 Ticket Booth  
Pier 11, South Street  
New York, New York 10005

For supplementary information or additional copies of this Application please visit  
[www.ferry.nyc/ReducedFare](http://www.ferry.nyc/ReducedFare) or contact Customer Service at 1-844-4NY-FERRY

*Please allow three to five weeks for processing.*

# Application for NYC Ferry Reduced-Fare Ticketing Program for People with Disabilities



## Information For All Applicants:

The NYC Ferry Reduced-Fare Ticketing Program provides the 30-Day Pass at a 50% discount rate. The NYC Ferry Operated by Hornblower Reduced-Fare Ticketing Program provides reduced-fare Monthly Passes for persons with the following disabilities:

- Receiving Medicare benefits for any reason other than age
- Serious mental illness (SMI) and receiving Supplemental Security Income (SSI) benefits
- Blindness
- Hard of Hearing
- Ambulatory disability
- Loss of both hands
- Intellectual disability and/or other organic mental capacity impairment

If you do not have one of these disabilities, you are not eligible for the Citywide Ferry Reduced-Fare Ticketing Program. **Please read this form carefully before you apply.**

## Validation:

NYC Ferry will acknowledge Valid MTA Reduced-Fare MetroCard IDs, Access-A-Ride IDs and Medicare Cards. Persons whom hold either of these ID's are asked to attach a photocopy to this Application pursuant to Section 3 – Section 4. Persons eligible for the NYC Ferry Reduced-Fare Ticketing Program who do not hold either an MTA Reduced-Fare MetroCard ID or Access-A-Ride ID are asked to complete Section 6 of this application.

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## Conditions of Use:

If NYC Ferry determines that you are eligible for the Reduced-Fare Ticketing Program, you are certified for the Reduced-Fare Ticketing Plan for five years from the date it is issued. If your Application is accepted and you are a Mobile Application user, the Reduced-Fare 30-Day Pass will be available for purchase on your Application within three to five weeks of receipt of application. If you do not use the NYC Ferry Mobile Application please indicate so in the first section of this application and a Reduced Fare Pass will be mailed to you.

Reduced-Fare Ticketing can be used only by the person to whom it is issued.

If at any time you are no longer disabled as described above, your eligibility for the Reduced-Fare Ticketing Plan automatically ceases. Should this be the case, you are required to contact NYC Ferry.

Any violation of these Conditions of Use may result in permanent revocation of your eligibility for the NYC Ferry Reduced Fare Ticketing Program.

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**NYC  
Ferry**

## **Information for All Personal Representatives:**

*If this application is completed by a personal representative or guardian of the applicant for whom this application is being submitted, the representative or guardian must complete the following:*

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Full legal Name of Personal Representative/Guardian:

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Address:

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Daytime Telephone Number:

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Relationship to Applicant:

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# Application for NYC Ferry Reduced-Fare Ticketing Program for People with Disabilities



## Section 1: Disability Affirmation

*This section must be completed by all applicants and notarized.*

I have read and understand all the program information, instructions and conditions. I affirm under penalty of perjury that all statements made by me on this application and to any Certifier named on this application are true and complete. I understand that Citywide Ferry will rely on the statements made by myself and by any Certifier named herein to determine my eligibility for the Citywide Ferry Reduced-Fare Ticketing Program, that all statements, if any, concerning my disabilities are true and complete. I understand that Citywide Ferry may discontinue or change its Reduced Fare Program without notice. If Citywide Ferry determines that I have not followed the Reduced-Fare Ticketing Program Conditions of Use, I understand that my Reduced-Fare Ticketing Program will be terminated. I understand that it is unlawful to allow anyone else to use my Reduced-Fare Program or for me to continue to use the card if I am no longer disabled as defined by the Citywide Ferry Reduced-Fare Program.

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Signature of Applicant or Personal Representative/Guardian named above:      Date:

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### Notary Public

*Must be completed for all applicants.*

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ before me appeared

\_\_\_\_\_

I affirm that the [check the one that applies]

- ☐ The person who is described in and executed the foregoing instrument  
☐ The personal representative of the applicant named above and who executed the document herein

and (s)he duly acknowledged accuracy in the statements that appear herein.

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Signature and stamp of officer:

NOTARY PUBLIC

# Application for NYC Ferry Reduced-Fare Ticketing Program for People with Disabilities



## **Section 2: To be completed only by applicants with valid MTA Reduced-Fare ID's.**

- ☐ I hold a Valid MTA Reduced-Fare ID. I have completed Section 1. Attached to this application is a photocopy of my MTA Reduced-Fare ID.

## **Section 3: To be completed only by applicants Access-A-Ride ID's.**

- ☐ I hold a Valid Access-A-Ride ID. I have completed Section 1. Attached to this application is a photocopy of my Access-A-Ride ID.

## **Section 4: To be completed only by applicants with Medicare.**

- ☐ I am a recipient of Medicare. I have completed Section 1. Attached to this application is a photocopy of my Medicare Card.

## **Section 5: To be completed by all applicants to whom Sections 2 – 4 do not apply.**

My application for reduced fare is based on one or more of the following disabilities (check all that apply):

- ☐ Blindness – If your eligibility is based on “Blindness” as defined in the Physicians Section and you are registered with the New York State Commission for the Blind and Visually Handicapped, you DO NOT need to have a physician complete Section 5. Instead, please attach a copy of your N.Y.S.C.B.V.H. Registration.
- ☐ Hearing Impairment
- ☐ Ambulatory Disability
- ☐ Loss of both hands
- ☐ Intellectual disability or other mental capacity impairment
- ☐ I have completed and signed the Authorization to Disclose My Health Information (attached to this application) for release/disclosure of information by my Certifier. A copy has been provided to my certifier.
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**Section 6: Only for applicants who are eligible under Section 5 and do not have a Valid Medicare Card, MTA Reduced-Fare ID or Access-A-Ride ID. To be completed by a physician or other appropriate licensed Health Care Provider ("Certifier")**

## Certification:

Physician/Certifier:

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|           |            |      |
|-----------|------------|------|
| Last Name | First Name | M.I. |
|-----------|------------|------|

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|                |           |
|----------------|-----------|
| Office Address | Suite No. |
|----------------|-----------|

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|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

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Telephone

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State Professional License No.

I have examined the applicant named herein (as identified in the Applicants Section of this application) and it is my professional opinion that he/she is a "disabled person" within the meaning of the term set forth in this document, as follows:

Check all that apply:

- ☐ **Blindness** – There is central visual acuity of 20/200 or less in both eyes with the use of correcting lenses. Each eye which, accompanied by limitation in the field of vision such that the widest diameter of the visual field subtends an angle of greater than 20 degrees, shall be considered as having central visual acuity of 20/200 or less.

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Diagnosis:

- ☐ **Ambulatory Disability/Disorder of Gait** – From whatever cause, the applicant is unable to move about without a walker, wheelchair, wheelchair stroller, crutch(es), cane or other mobility/ambulation aid at all times.

The applicant is unable to move about without use of the following aid:

- ☐ Wheelchair ☐ Cane ☐ Crutch(es) ☐ Walker ☐ Other ambulation aid \_\_\_\_\_  
(Describe)

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Diagnosis:

- ☐ **Loss of Both Hands** – By reason of amputation or anatomical deformity, the person lacks both hands.
- ☐ **Intellectual disabilities and/or Other Organic Mental Capacity Impairment [The Opinion must be given by a physician, medical social worker, or intellectual disability service agency.]** The scores specified below refer to those obtained on the W.A.I.S., and are used only for reference purposes. Scores obtained on other standardized individually administered tests are acceptable, but the numerical values obtained must indicate a similar level of intellectual functioning:
- ☐ The person is mentally incapacitated such that he or she is dependent upon others for personal needs.
- ☐ Based on valid verbal, performance or full-scale IQ test the person has an IQ of 60 to 70 or less.
- ☐ **Other Organic Mental Capacity Impairment** – The person experiences mental incapacity due to an organic cause(s) that imposes significant limitations of ambulation or gait.

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Diagnosis:

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Physicians/Certifiers Signature:

Date: