City of Round Rock – Demand Response Bus Service
Discounted Fare Eligibility Form

This form must be completely filled out. Completed forms may be faxed, e-mailed, mailed or brought to:

Caren Lee
Fax: (512) 218-5536
Mail or In Person: 2008 Enterprise Drive, Round Rock, TX 78664

Submit by E-mail

The information you provide in this application is confidential.

Last Name _____ **First Name** _____ **MI** _____

Address _____ Round Rock, Texas **Zip** _____

Phone # _____ **Phone #** _____

Assistive Devices Used

☐ Wheelchair, Type _____ (example: manual, electric, long, high)

☐ Walker, Type _____ (example: foldable, non-foldable)

☐ Cane ☐ Service Animal ☐ Other _____

Eligibility Type

☐ 60 years of age or over – Date of Birth _____

☐ Temporary or Permanent Disability – Qualified Medical Professional must complete the Verification of Disability Form

☐ Low-Income – Must provide proof of household income – U.S. Dept. Health & Human Services levels used

I hereby submit this application and agree to abide by the provisions for the discounted fare. I hereby authorize the release of verification information to the City of Round Rock for the purposes of verification of age, disability or low-income, as it applies to eligibility for the discounted fare.

I certify the information provided in this application is true and correct.

Signature _____ **Date** _____

For City of Round Rock Use Only

☐ Age verified ☐ Disability verified ☐ Low-income verified

☐ Customer notified

Authorized by (signature)_____ **Date** _____

Printed Name _____