



## **Greenlink EasyID**

### **Greenlink's Reduced Fare ID Card Program**

#### **Greenlink Administrative Offices**

**100 W McBee Ave  
Greenville, SC 29601  
864-467-5001**

#### **Information & Application Packet**

Greenlink is excited to offer a photo ID card to assist our customers who qualify for reduced fare pricing. This card is completely optional and is offered free of charge (early replacement fees may apply, see below). It can be used to quickly let Greenlink staff know to charge the reduced rate when boarding any bus or purchasing passes for our fixed route bus service. Up to two additional cards can be issued at no cost to you for dependent minors under your care.

#### **Purpose of the Greenlink EasyID**

The Greenlink EasyID serves as a convenient way to let Greenlink staff know you qualify for reduced fare pricing. It is a simple plastic card with a few pieces of basic information printed on it: it includes your name, photo, Greenlink ID number, card expiration date, and whether the card was issued to you as a dependent minor. It is not a payment card and carries no cash value. The card is not capable of storing any sensitive information such as an account number, date of birth, or Social Security number.

#### **Determining Eligibility**

Anyone who qualifies for reduced fare pricing may apply for a card. Reduced fare pricing is offered to senior citizens 65 years of age or older, Medicare recipients, disabled veterans with a service-connected disability rating of 60% or greater, or other individuals with a documented disability. Financial need is not a consideration. People whose sole incapacity is pregnancy, obesity, controlled epilepsy, drug and/or alcohol dependency, or contagious disease are not considered eligible. Please see *Part B* of the application for more detail.

#### **Using Your Greenlink EasyID Card**

The card's main value is in its convenience and durability. Card recipients can use the EasyID card in place of any other form of documentation which enables you to take advantage of reduced fare pricing. Other forms of documentation such as laminated ID cards, award letters, or doctor's notes may become fragile or worn over time, but you may continue to use them if you prefer. You must present the Greenlink EasyID card to Greenlink staff when purchasing fares or passes in order to receive reduced fare pricing. You may not use the card to receive refunds on past purchases. Your Greenlink EasyID card is non-transferrable and may only be used by the individual identified on the front.

### **Lost, Stolen, or Damaged Cards**

Please contact us for a replacement card. A fee of \$5.00 will apply to any card replaced more than 60 days before its expiration date. This fee may be waived upon receipt of a police report documenting the theft of your Greenlink EasyID card, or if the card is damaged due to normal wear and tear. Replacement cards will feature the original card's expiration date. If the card expires in less than 60 days you must complete and submit an application for renewal, including documentation of your eligibility.

### **Expiration & Renewal**

The Greenlink EasyID card is valid for a maximum period of three years from the date your application is approved. If your licensed health care professional indicates your disability is temporary then you may be issued a card with an expiration date of up to one year from the date your application is approved. Greenlink staff will not contact you to remind you when your Greenlink EasyID card is about to expire. If you wish to renew your card, you must complete and submit a new application up to 60 days before your existing card expires. You may not reapply before this time.

### **Acceptable Forms of Proof & Identification**

You must bring your completed application along with a valid government-issued photo ID to the Greenlink Administrative Offices. Accepted forms of identification include your driver's license, your identification card issued by the DMV, or your passport. If you are a Medicare recipient, you must also bring your current Medicare card for verification. If you are a veteran with a service-connected disability rating of 60% or greater or receive Social Security disability benefits, you must bring your award letter for verification.

### **Submitting Your Application**

Applications are only accepted in person and your photo will be taken at the time you deliver your application. If you are required to have your doctor or other licensed health care professional complete *Part D* on your behalf, we must receive your completed application within 60 days of the health care provider's signature. Incomplete applications, applications without signatures, and applications received by mail will not be processed. Applications are accepted Monday – Friday, 8:00am – 5:00pm except on holidays when City of Greenville, SC administrative offices are closed.

If your application is approved, you have the option of picking up your Greenlink EasyID card at the information booth in the downtown bus terminal during normal operating hours or it can be mailed to the address provided on your application. Please allow up to 21 days from the date we receive your application for us to process it and print your card.

### **Privacy**

The information you supply in this application will be kept confidential and will only be used to determine your eligibility for reduced fare pricing. It will be retained only for the purpose of issuing a replacement card if one is needed. Access to the information you provide is limited to Greenlink administrative personnel and it is not available for public review.

## Part A – Reduced Fare ID Card Recipients

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Please print using blue or black ink on the line above the label. You may also choose to include up to two dependent minors under your care. If you are not applying for a dependent minor, you may leave those sections blank.

### **Applicant Information**

This section is required. Cards issued to this individual will expire three years from the date of approval.

_____	_____	_____	____/____/____
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Date of Birth</i>
_____			_____
<i>Street Address</i>			<i>Apt / Unit</i>
_____	_____	_____	____-____
<i>City</i>	<i>State</i>	<i>ZIP</i>	<i>Telephone (Home)</i>
_____	_____	_____	____-____
<i>Gender</i>	<i>Preferred Language(s)</i>		<i>Telephone (Mobile)</i>

### **Dependent Minor(s) Information**

Cards issued to dependent minors are considered the responsibility of the applicant named above. Greenlink staff will always contact the primary card recipient for any issues regarding a dependent minor's card. Cards issued to dependent minors will expire on the individual's 18th birthday or three years from the date of approval, whichever comes first.

_____	_____	_____	____/____/____
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Date of Birth</i>
_____	_____	_____	_____
<i>Gender</i>	<i>Preferred Language(s)</i>		<i>Relationship</i>
_____	_____	_____	____/____/____
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Date of Birth</i>
_____	_____	_____	_____
<i>Gender</i>	<i>Preferred Language(s)</i>		<i>Relationship</i>

### **Pickup / Delivery Option**

Please select one of these options for receiving your Greenlink EasyID card(s):

- \_\_\_\_\_ I will pick up my card(s) from the information booth.
- \_\_\_\_\_ Please mail my card(s) to the address provided above.

## Part B – Qualification

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There are two ways to qualify for a Greenlink EasyID card: automatically or certification by a licensed health care professional. Please select only one option from this section.

### 1. Automatic Qualification

Some individuals are automatically qualified for a Greenlink EasyID card. Please check whether any of the following apply to you:

- I am a senior citizen 65 years of age or older.
- I am under 65 years of age but receive Medicare.
- I am a veteran with a service-connected disability rating of 60% or greater.
- I receive Social Security disability benefits.

If you meet one of the above criteria then you are automatically qualified and not required to visit a licensed health care professional. Please proceed to *Part C – Authorization & Signature* below. Remember to bring the appropriate proof of eligibility when submitting your application.

### 2. Certification by a Licensed Health Care Professional

Applicants who are not automatically qualified must have their disability documented by a licensed health care professional. If you do not automatically qualify according to the section above, check the blank below and complete *Part C*, then take this entire application to your licensed health care professional for them to complete on your behalf before submitting it to Greenlink.

- I do not meet the criteria for automatic qualification. I will have my doctor or other licensed health care professional complete *Part D* of this application.

## Part C – Authorization & Signature

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By signing below, I agree to the terms and conditions described in this application, certify all information provided is correct, and acknowledge providing false or misleading information could result in my eligibility being denied or revoked. Additionally, I hereby authorize the health care professional completing this application to release information regarding my disability to Greenlink. I understand this information will be used only for determining my eligibility for reduced fare pricing.

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

\_\_\_\_\_  
*Parent / Guardian Signature (if applicant is under 18)* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

If someone other than the applicant completed any part of the application, please complete line below:

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Relationship to Applicant* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

## Part D – Health Care Professional Certification

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This section may only be completed by a licensed health care professional. Applicants who are automatically qualified according to the criteria in *Part B* above are not required to complete this portion of the application and should leave it blank.

### **Instructions to Health Care Professional**

You are being asked to complete this form on behalf of an individual claiming a diagnosed disability which, under most circumstances, prevents them from using public transportation as effectively as an individual without such a disability. By completing this application, you are certifying the applicant named in *Part A* is or has been your patient and has a determined disability which justifiably permits them to pay reduced fare pricing for Greenlink's fixed route bus service, according to the guidelines set out in *Part E* of this form. Please note that pregnancy, obesity, controlled epilepsy, drug and/or alcohol dependency, and contagious diseases are not qualifying disabilities for the purposes set out herein.

\_\_\_\_\_  
*Name of Health Care Professional (Print)*

\_\_\_\_\_  
*License Number & State*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP*

\_\_\_\_\_  
*Fax*

Select professional type (initial one):     Physician                      Specialty: \_\_\_\_\_  
 Physician's Assistant                       Nurse Practitioner                       Audiologist  
 Podiatrist                                       Optometrist / Ophthalmologist  
 Licensed Clinical Psychologist                       Certified School Psychologist

Using the guidelines set out in *Part E* of this form, do you believe, in your professional opinion, that the applicant herein qualifies for Greenlink reduced fair eligibility due to a qualifying disability? Please initial in the appropriate blank below.

Yes, in my professional opinion the applicant qualifies according to the guidelines herein.

No, in my professional opinion the applicant does not qualify according to the guidelines herein.

Applicant requires a personal care attendant to use public transportation effectively: \_\_\_\_\_  
*Initial one: Yes No*

Applicant's condition is: \_\_\_\_\_ permanent    \_\_\_\_\_ temporary until \_\_\_\_\_  
*Month Year*

\_\_\_\_\_  
*Health Care Professional Signature*

\_\_\_\_\_  
*Date*

## Part E – Guidelines for Health Care Professionals

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The following guidelines are to be used for determining reduced fare eligibility due to disability for the Greenlink EasyID card program. Financial need is not a consideration in determining eligibility.

1. **Non-ambulatory:** An individual is unable to walk and requires the use of a wheelchair or other mobility device.
2. **Semi-ambulatory:** An individual has a chronic condition which substantially limits the ability to walk, or is unable to walk without the use of a caliper leg brace, walker, or crutches.
3. **Amputation:** An individual has an amputation of one or both hands, arms, feet, or legs.
4. **Stroke:** An individual has substantial functional motor deficits in any of two extremities, loss of balance, and/or cognitive impairments three months post stroke.
5. **Neurological conditions other than stroke:** An individual has difficulty with coordination, communication, social interaction and/or perception from a brain, spinal, or peripheral nerve injury or illness, has functional motor deficits, or suffers manifestations that significantly reduce mobility.
6. **Pulmonary or cardiac conditions:** An individual has a pulmonary or cardiac condition resulting in marked limitation of physical functioning and dyspnea during activities such as climbing steps and/or walking a short distance.
7. **Blind or low vision:** An individual is legally blind, whose visual acuity in the better eye, with correction, is 20/200 or less, or who has tunnel vision to 10 degrees or less from a point of fixation or so the widest diameter subtends an angle no greater than 20 degrees. An individual has low vision, and whose visual acuity is in the range of 20/70 to 20/200 with best correction.
8. **Deaf or hard of hearing:** An individual with a pure tone average greater than 70 dB in both ears, regardless of use of hearing aids.
9. **Epilepsy:** An individual has had at least one tonic-clonic seizure within the past four months.
10. **Developmental or learning disabilities:** An individual has a significant learning, perceptual, and/or cognitive disability. Note: conditions such as attention deficit disorder (ADD) and ADHD are excluded from eligibility.
11. **Mental illness:** An individual whose mental illness includes a substantial disorder of thought, perception, orientation, or memory that impairs judgment and behavior.
12. **Chronic progressive debilitating conditions:** An individual who experiences debilitating diseases, autoimmune deficiencies or progressive and uncontrollable malignancies, any of which are characterized by fatigue, weakness, pain, and/or changes in mental status that impair mobility.