

TRIMET

Honored Citizen Application

TriMet Customer Support Center: 701 SW 6th Avenue, Portland, OR 97204
503-962-2455 • accessible@trimet.org
Hours: Monday–Friday 8:30 a.m.–5:30 p.m.

To use an Honored Citizen fare, a person must present one of the following when asked by TriMet personnel: A photo ID showing proof of age 65 or older, a red, white and blue Medicare card with photo ID, or a TriMet Honored Citizen Photo Identification Card — issued after completing this form. Application must be submitted in person with a government-issued photo ID. A photo taken by TriMet is required.

Applicant information (Please print legibly)

Name: _____ , _____
Last name First name

Mailing address: _____
Street City State Zip

Date of birth: _____

Telephone number: (_____) _____ **Email address:** _____

I am applying for a TriMet Honored Citizen ID Card.

- ☐ This is my first ID card. Application must be submitted in person, requires photo taken by TriMet.
- ☐ I need a replacement ID card. My card was lost, stolen, or damaged.
- ☐ I need to renew my expired card. Application must be submitted in person, requires photo taken by TriMet.

Certification of eligibility section (Check only one box)

<input type="checkbox"/> Health care provider certification	To qualify under this type of eligibility, you must complete the health care provider certification section on the reverse side , and submit this application to TriMet within 30 days of the date completed by the health care provider.
<input type="checkbox"/> Social Security	Attach benefit verification to this application.
<input type="checkbox"/> Medicare card	To qualify, present Medicare card and government-issued photo ID.
<input type="checkbox"/> Certified agency	Requires TriMet-issued verification stamp on reverse side .
<input type="checkbox"/> Senior (65+)	65 years of age or older. Must present government-issued photo ID.
<input type="checkbox"/> Active Military/Veteran	Attach VA discharge documentation or present an ID indicating active military or veteran status.
<input type="checkbox"/> Visitor ID	30 days maximum. Visitor must show Transit Agency-issued ID card to qualify. City and state of agency _____

*I agree to release the information I am sending to TriMet for the purpose of making this application for an Honored Citizen ID card. I certify that the information I provide concerning my application is true and correct. I understand that TriMet reserves the right to require proof of disability in addition to this form. I give my consent for TriMet, or a TriMet Designated Administrative Agency**, to take and retain a copy of my photo. TriMet will not accept a photocopy, fax or email of this form. The application must be completed by hand.*

Signature of applicant: _____ Date: _____

Health care provider certification section: This form is used for individuals with permanent or temporary disabilities. This also includes individuals who may need an attendant to ride TriMet service.

Patient/applicant release:

I authorize: _____ to verify my disability if requested by TriMet.
(Name of certified and/or licensed health care provider*)

Patient/applicant signature: _____ Date: _____

**To be completed by
licensed health care provider*** (See below)

Applicant's name: _____

Applicant's date of birth: _____

Health care provider's name: _____

Title: _____

State certification or license #: _____

Telephone number: _____

Email address: _____

Address: _____

TriMet-issued agency stamp

HERE

Agency representative's signature:

Address:

Date:

I, _____ hereby certify that I have examined the patient listed above and it is my opinion that
(Name of certified and/or licensed health care provider*)

they are disabled due to illness, congenital malfunction or other incapacity that substantially limits one or more major life functions.

Patient listed above:

☐ Is actively enrolled in a drug or alcohol treatment program. Duration is _____ months. (Maximum of 12)

☐ Has a permanent disability. (5-year Honored Citizen status)

☐ Has a temporary disability (defined as impairment lasting not more than 12 months). Duration is _____ months.

If permanent or temporary disability, provide a **specific** description of disability below or attach to application on official letterhead:

Does the described disability necessitate that the applicant have an attendant to ride TriMet service? ☐ yes ☐ no

I certify that the above is correct and that I am legally certified and/or licensed in my state as a healthcare provider.

Signature: _____ Date: _____

TriMet personnel may contact you for verification.
Completed application and health care provider certification may be mailed to the TriMet Customer Support Center
701 SW 6th Avenue, Portland, OR 97204 503-962-2455 • accessible@trimet.org • trimet.org/hc

*Physician, Physician Assistant, Licensed Clinical Social Worker, CADC (Certified Alcohol and Drug Counselor), QMHP, Registered Nurse Practitioner.

**For the purpose of simplifying administration of the Honored Citizen program, social service agencies or other organizations that are interested in processing TriMet Honored Citizen Card applications for their clients may be selected, at TriMet's discretion, to operate as a "Designated Administrative Agency."