



# TRANSPORTATION ACCESS PASS (TAP) CHARLIECARD

## Application for MBTA Reduced Fare CharlieCard for People with Disabilities

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People with disabilities and Medicare cardholders are eligible to apply for reduced MBTA fares via a **Transportation Access Pass (TAP) CharlieCard**.

For more information about the MBTA's TAP CharlieCard, please visit:  
[mbta.com/transportation-access-pass](https://mbta.com/transportation-access-pass)

### General information:

- Application may be subject to additional review depending upon documentation presented.
- You will receive an Application Status Letter within 6 to 8 weeks regarding your eligibility for a TAP CharlieCard.
- Approved applicants must visit the CharlieCard Store to:
  1. Present your TAP CharlieCard approval letter.
  2. Present a valid (non-expired), government-issued photo ID, such as a driver's license, passport, or state ID.
  3. Have your photo taken.
  4. Receive a temporary reduced fare CharlieCard, valid for use while you wait for your permanent TAP CharlieCard to arrive in the mail within 10 business days.
- Incomplete applications will not be processed and will be returned to you.

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### PLEASE RETURN COMPLETED APPLICATION TO:

MBTA CharlieCard Store  
Downtown Crossing Station  
Underground Concourse  
7 Chauncy Street  
Boston, MA 02111

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## PART A: Applicant Information

*Please print legibly or type and complete all information.*

Applicant status:  First-time applicant  Renewal

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_\_\_

Mailing address (include all information required for mail delivery):

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Apartment, suite, building

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

Phone: \_\_\_\_\_ Is this a mobile phone?  Yes  No

Email address: \_\_\_\_\_

Contact preferences:  Mail  Phone  Email

## Emergency Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Disability Information Release Authorization

I understand that all information provided by me will be used solely for determining my eligibility for a Transportation Access Pass (TAP) CharlieCard.

I authorize the health care professional completing this application to release information about my disability to the Massachusetts Bay Transportation Authority (MBTA).

\_\_\_\_\_  
**Applicant's Signature**

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

## PART B: TAP CharlieCard Eligibility Criteria

### Automatically Eligible Applicants

Applicants who meet one of the criteria below are automatically eligible for a Transportation Access Pass (TAP) CharlieCard. Please: 1) complete PART A, 2) check off the category below that applies to you, and 3) visit the CharlieCard Store to present the original required documentation (original documents only; no photocopies or faxes accepted).

<input type="checkbox"/>	<b>Medicare, One Care, or Tufts Health Unify Card Holder:</b> Present your Red, White, and Blue Medicare Card, Commonwealth Care Alliance One Care Card, or Tufts Health Unify Card.
<input type="checkbox"/>	<b>Current customer of THE RIDE - RIDE ID #:</b> _____
<input type="checkbox"/>	<b>Veteran with a disability rating 70% or greater:</b> Present Benefits Summary Letter on Veterans Administration letterhead, specifying disability rating.
<input type="checkbox"/>	<b>Current non-MBTA reduced fare card holder from MA or Out-of-State:</b> Present a current reduced fare card from your state or area with an expiration date.
<input type="checkbox"/>	<b>Clients of the following agencies:</b> <input type="checkbox"/> DMH/Department of Mental Health (including DMH vendors) <input type="checkbox"/> DDS/Department of Developmental Services <input type="checkbox"/> MRC/Massachusetts Rehabilitation Commission Present original letter on agency letterhead from authorized agency representative (or vendor) verifying status as current client.
<input type="checkbox"/>	<b>Graduate or currently enrolled in MBTA travel training program:</b> Present signed letter from your travel trainer on MBTA letterhead.
<input type="checkbox"/>	<b>RMV Disability Placard</b>

### All Other Applicants

If you do not meet one of the above criteria, please: 1) complete PART A, and 2) have your licensed health care professional complete PART C of this application.

## Reduced Fare Rules and Conditions of Use

- Your participation in the Transportation Access Pass (TAP) CharlieCard program is administered in accordance with the MBTA's Privacy Policy. The policy can be found at [www.mbta.com/policies/privacy-policy](http://www.mbta.com/policies/privacy-policy)
- Your TAP CharlieCard is subject to inspection or review by MBTA personnel at any time to ensure use by only the authorized person.
- An unauthorized person using your TAP CharlieCard is subject to criminal/civil penalties under Chapter 161, Section 113A of the MA General Laws and/or any other applicable MA General Laws. Additionally, you may be disqualified or suspended from participating in the TAP CharlieCard program for allowing unauthorized use of your card.

## PART C: Health Care Professional Certification

PART C **must be completed by a licensed or certified health care professional** and must be received by the MBTA within 60 days of the health care professional's signature.

*Please print legibly or type and complete all information.*

Name of applicant: \_\_\_\_\_

Name of Health Care Professional: \_\_\_\_\_

Licensure title: \_\_\_\_\_ Specialty: \_\_\_\_\_

License number: \_\_\_\_\_ State issued: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**IMPORTANT PROGRAM NOTE:** The MBTA issues the Transportation Access Pass (TAP) CharlieCard based on the level of difficulty applicants experience, and the extra planning and effort that may be required, to use public buses/trains/subway due to a physical, psychiatric, intellectual, or sensory disability. The TAP CharlieCard is issued to applicants with disabilities who find it moderately/severely difficult to wait for a bus, hear announcements, read visual signs, understand and/or follow directions, board the correct train, maintain stamina, function well in crowds, walk certain distances to transfer between transit modes, etc. The TAP CharlieCard **IS NOT ISSUED** based on applicant's income level.

**The following must be completed by the Health Care Professional:**

**1. What is the applicant's disability?**

Use category number(s) from Guidelines (page 4): \_\_\_\_\_

Please specify diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

**2. How does the disability cause the applicant difficulty, as described in "Important Program Note" section above, when traveling on the MBTA?**

\_\_\_\_\_  
\_\_\_\_\_

**3. Expected duration of disability (please select only one of the two options below):**

Short-term disability (i.e. conditions with potential for improvement within 1 year)

Long-term disability (i.e. conditions with no expectation of improvement)

**4. I certify that the information I have provided above about this MBTA TAP CharlieCard applicant is correct to the best of my knowledge:**

\_\_\_\_\_  
**Health Care Professional's Signature**

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

**Note:** The MBTA reserves the right to ask to see an original signature of the applicant's health care professional.

# Guidelines for Health Care Professionals

Please use the categories below to complete response to “What is the applicant’s disability?” of Part C: Health Care Professional Certification.

<ol style="list-style-type: none"> <li><b>1. DISABILITIES REQUIRING WHEELED MOBILITY</b> such as the use of a wheelchair, scooter, etc.</li> <li><b>2. SEMI-AMBULATORY DISABILITIES</b> that cause an individual to walk with difficulty or insecurity, and that may or may not require the use of leg braces, walker, cane, crutches, or other mobility device.</li> <li><b>3. SEVERE NEUROMUSCULAR / MUSCULOSKELETAL CONDITIONS</b> such as muscular dystrophy, osteogenesis imperfecta, or arthritis where functional capacity is limited in ability to perform activities of daily living.</li> <li><b>4. AMPUTATION OF AN EXTREMITY:</b> Please specify which limb(s) are affected.</li> <li><b>5. SEVERE EFFECTS FROM CVA (STROKE)</b> including conditions where there is a functional motor deficit affecting any two limbs or ataxia 4 months post-CVA.</li> <li><b>6. SEVERE PULMONARY CONDITIONS (obstructions/ restrictions)</b> that affect mobility, including those that result in dyspnea during activities of daily living; while climbing a flight of ordinary stairs or walking 100 yards; with the slightest exertion or even at rest.</li> <li><b>7. SEVERE CARDIAC CONDITIONS</b> including those that result in moderate or marked restriction in ordinary physical activity, and that may cause fatigue, palpitations, dyspnea, or angina pain while climbing a flight of ordinary stairs or walking one or more level blocks, with the slightest exertion or even at rest.</li> <li><b>8. IMMUNOCOMPROMISED</b> individuals, due to conditions such as HIV/AIDS; cancer or treatment for cancer; organ or bone marrow transplant; or chronic diseases such as lupus or rheumatoid arthritis.</li> </ol>	<ol style="list-style-type: none"> <li><b>9. LOW VISION</b> where an individual has a visual acuity in the better eye, after correction, of 20/70 or less but is not legally blind.</li> <li><b>10. LEGALLY BLIND</b> where an individual has a visual acuity in the better eye, after correction, of 20/200 or less; or where the peripheral field is 10° radius or less, regardless of visual acuity. Please note that applicants with a current MA Commission for the Blind ID Card/Certificate or other blindness certification will be eligible for a MBTA Blind Access CharlieCard.</li> <li><b>11. KIDNEY DIALYSIS TREATMENT.</b></li> <li><b>12. DEAF/HARD OF HEARING.</b></li> <li><b>13. COORDINATION DISABILITIES</b> where there is a functional motor deficit in any two limbs or manifestations that significantly reduce mobility, coordination, and/or perception.</li> <li><b>14. INTELLECTUAL DISABILITY.</b></li> <li><b>15. EPILEPSY (CONVULSIVE DISORDER).</b></li> <li><b>16. AUTISM:</b> Please describe nature and extent of disability.</li> <li><b>17. NEUROLOGICAL DISABILITIES</b> affecting learning, perceptual, and behavioral functioning. Please include nature of condition and etiology.</li> <li><b>18. PSYCHIATRIC DISABILITIES</b> where there is a long-term mental illness that:             <ul style="list-style-type: none"> <li>• includes a substantial disorder of thought, memory, perception, or orientation, or</li> <li>• significantly impairs judgment, behavior, capacity to recognize reality, or</li> <li>• significantly impacts ability to meet ordinary/independent life support needs of food, shelter, clothing, management of finances, and health care.</li> </ul> </li> </ol>
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**For Internal Use Only**

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Auto Renew: \_\_\_\_\_ Denied: \_\_\_\_\_ Incomplete: \_\_\_\_\_