



SENIOR 65 AND OVER REDUCED FARE APPLICATION

PART I: Applicant (Please print or type.)

NAME: \_\_\_\_\_ (LAST, FIRST, MIDDLE INITIAL)

ADDRESS: \_\_\_\_\_ (NUMBER, NAME, APARTMENT NUMBER)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month) (Day) (Year)

GENDER:  Male  Female TELEPHONE: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Note: You must show WRITTEN VERIFICATION OF YOUR AGE and your state issued identification card or driver's license to the JeffCo agent or representative receiving this application.

You will need to send a photo of yourself or drop by our office to have your picture taken.

Jefferson County Community Partnership, 1671 Marriott Lane Barnhart, MO 63012
Phone: 636-464-5144 X15

I certify that I am at least 65 years of age. The information contained on this application is accurate.

Signature of Applicant

Date

FOR OFFICE USE ONLY:
APPLICANT DOCUMENTATION VERIFIED:
[ ] MEDICARE CARD
[ ] STATE ISSUED ID OR DRIVER'S LICENSE
[ ] BIRTHC CERTIFICATE
REVIEWED BY: \_\_\_\_\_ I.D. Card # \_\_\_\_\_ Issued: \_\_\_\_\_