



**ATRANS**  
**HALF-FARE PROGRAM APPLICATION**

Please complete the application for determination of eligibility to participate in the Half-Fare Program. Also attach a copy of your LA Driver's License or ID card, birth certificate, proof of disability, or Medicare card (proof of benefits) and submit to address below:

**City of Alexandria**  
**ATRANS**  
**P.O. Box 71**  
**Alexandria, LA 71309-0071**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Number \_\_\_\_\_

Email (optional) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please mark an (x) by the criteria that applies:

Elderly                       Disabled                       Medicare

<b>Office Use Only</b>	
Date application received: _____ Proof of Identification provided: Yes ___ No ___	
Type of Identification provided: _____	
Date of Approval: _____	
Approved By: _____	_____
Name	Title