

BEST FRIEND HALF FARE

The Best Friend Express has a half fare policy for passengers who are elderly, disabled, or are Medicare Card holders. In order to claim your half fare status, please do ONE of the following if asked by the driver or by the ticket agent:

Show your Medicare Card

OR

Show your picture I.D. with birthdate (if 60 yrs or older)

OR

Show your "Disabled Half Fare Identification Card" if you are concerned your disability status is not easily recognizable to the driver or the ticket agent

If you would like to apply for your "Disabled Half Fare Identification Card", please complete the application on the reverse side and mail this **original** application to:

Mobility Manager
Lower Savannah Council of Governments (LSCOG)
PO Box 850
Aiken, SC 29802
(803) 649-7981

BEST FRIEND EXPRESS HALF FARE IDENTIFICATION CARD APPLICATION

PASSENGER INFORMATION (Please print)			
Name			
Mailing Address			
City	State	e	Zip
Home Phone			
*Optional Information			
*Date of Birth/	/	*	M F
PROFESSIONAL VERIFICA	TION		
I attest that		is under medical	care for a disability
(Applicant's Name) or is involved with case management from my agency due to their disability which should			
make them eligible for the ha	alf fare discount.		
Is the condition temporary?	No Yes	If temporary, expected duration:	•
Name		Agency	
Mailing Address			
City	State		Zip
Office Phone Number		Job Title	
Signed (Healthcare Professional's S	ignature or Agency Case/Soc		/ /
Mail I. D. Card to:	Passenger	garmontopermoney	Medical Office
	LSCOG Offic	e Use Only	
Card #	Mailed to		