



Share A Fare, Inc.
PO Box 6253
Omaha, NE 68106-0253

Website:

<http://www.acb.org/nebraska/transportation/omaha/index.html>

WHAT IS SHARE A FARE?

Share A Fare is a cab subsidy program for residents of the Greater Omaha area who are legally blind or whose vision precludes them from driving.

Through a survey conducted in 1989 of blind and visually impaired individuals in the Omaha metropolitan area, it was clear that transportation needs were not being met. Bus routes are limited, thus inhibiting access to employment, educational, medical and social opportunities. The Omaha Chapter of the American Council of the Blind of Nebraska founded the Share A Fare program in 1993 to address these transportation needs.

HOW DOES SHARE A FARE WORK?

Share A Fare allows participants to purchase cab Coupon books at a reduced rate. The coupons can be used to pay all or part of an individual's cab fare and do not have an expiration date. Additionally, a participant is not required to use all of the coupons before ordering more books.

The participating cab company is Happy and its affiliated entities. Each coupon book has a face value of \$25 and contains twenty-five one dollar coupons.

HOW CAN I GET STARTED?

Ask for an application from your healthcare provider, rehabilitation counselor, or vision care provider. After completing the share a fair application and having it signed by a certifying authority, the application should be returned. Once the application has been processed, please make checks payable to "Share A Fare, Inc." and mail to:

Share A Fare, Inc.
P.O. Box 6253
Omaha, NE 68106-0253

Checks received before the 20th of the month will be processed by the end of the month.

HOW CAN I HELP?

In 2003, the Share A Fare program incorporated as a separate non-profit organization. The demands for funding of Share A Fare are on-going. Tax-deductible donations are greatly appreciated.

For more information, please visit us online at:

<http://www.acb.org/nebraska/transportation/omaha/index.html>

or contact us at

shareafareinc@inebraska.com

SHARE A FARE APPLICATION FORM

APPLICATION INFORMATION: PLEASE PRINT CLEARLY

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CHECK CAB PREFERENCE: HAPPY CAB _____ SAFEWAY CAB _____

THIS SECTION TO BE COMPLETED BY CERTIFYING AUTHORITY:

DOCTOR NURSE OPTOMETRIST REHABILITATION COUNSELOR

___ **Low Vision:** Visual Acuity 20/80 or less in the better eye with correction and/or visual field is no greater than 100 degrees OR Blind in one eye and a visual acuity of 20/60 or less and other eye with correction.

___ **Legal Blindness:** Visual Acuity of 20/200 or less in the better eye with correction and/or visual field of no greater than 20 degrees.

CAUSE OF BLINDNESS
OR VISUAL IMPAIRMENT: _____

I hereby certify that this individual does not drive and is eligible for the Share A Fair Program.

NAME (PLEASE PRINT): _____

SIGNATURE: _____

TITLE: _____ DATE: _____