



"I just feel better having the cab vouchers on hand, because they help me get to the places I need to go, independently and affordably."

- Mark, Share A Fare Client

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

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PO Box 6253
Omaha NE 68106-0253
402-827-9814
shareafare.org
info@shareafare.org

Free
Matter
for the
Blind

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 Council of the Blind launched 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.

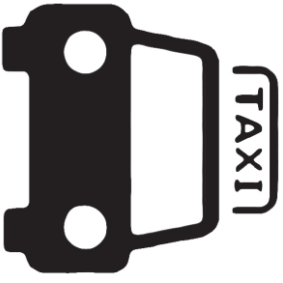
Additionally, participants are not required to use all of the coupons before ordering more books.



How can I get started?

Have a certifying agent complete the attached application. Certifying agents can be a healthcare provider, rehabilitation counselor, or vision care provider. Mail the completed and signed application to the Share A Fare mailing address. Alternatively, certifying agents may complete and submit the application online.

Once the application has been processed and approved, applicants will be provided with additional details on how to purchase coupon books.



How can I help?

In 2003, the Share A Fare program incorporated as a separate nonprofit organization. The demands for funding of Share A Fare are ongoing. Tax-deductible donations are greatly appreciated can be sent to:

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Alternatively, tax-deductible donations can also be processed online via our secure website.

For more information, please visit us online at shareafare.org

SHARE A FARE APPLICATION
(Please Print Clearly)

If providing a post office box as a primary mailing address, we also require, for geographical purposes, a physical street address of residency. Without this information, we will be unable to process your application.

Applicant's First/Last Name: _____ Date of Birth: _____ Gender: _____

Primary Phone _____ Alternate Phone _____

Address: _____

City: _____ State: _____ Zip Code: _____

Full Mailing Address (if different from above): _____

Email Address: _____

How did applicant hear about Share A Fare? _____

Certifying Authority's Information (All fields below **must** be completed before final approval is determined)

Does applicant have Low Vision or Legal Blindness?

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 in 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.

Medical Cause of Blindness or Visual Impairment: _____

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

Certifying agent's name: _____ Title: _____

Certifying agent's signature: _____ Date: _____

Certifying agent's phone: _____

Certifying agent's address: _____

Certifying Agent's email address: _____

