

APPLICATION FOR DISABLED DISCOUNT PHOTO ID CARD

APPLICATION INSTRUCTIONS:

- 1. All applicants must complete PARTS I and II
- 2. Applicants with a qualifying medical disability (see list of qualifying disabilities) must also complete PARTS III AND IV
- 3. Application may take up to three business days to process

| PART I: APPLICANT INFORMATION (PLEASE PRINT LEGIBLY) | | | | | |
|--|---|--|--|--|--|
| Last Name Address | | First Name | Date of Birth | | |
| | | City, State, ZIP Code | e | | |
| Phon | ne Number | <u> </u> | | | |
| I certi | LICANT CERTIFICATION ify under penalty of perjury pplication is true and correct | under the State of California that the in | nformation provided concerning | | |
| Signature of Applicant | | Da | ate | | |
| criter | ria below applies: (Note: Applied photo ID with the applical A current Medicare card of A current California Dept. of A valid Disabled discount Proof of current RT ADA processors Qualifying medical disability. | or a Medicare, SSI or SSDI award letter of Motor Vehicles (DMV) disabled perso ID issued by another transit operator | roving eligibility AND governmer | | |
| PAR | T III: AUTHORIZATION T | TO RELEASE MEDICAL INFORMA | TION | | |
| dis use ma her | ability to the Sacramen ed to verify my eligibility | ease of the following medical inforto Regional Transit District (RT). If for an RT Disabled Discount Phose professional to confirm any of the Applicant Signature | This information will be oto Identification Card. RT | | |

| PART I | IV: HEALTHCARE PROFESSIONA | L CERTIFICATION | | | | |
|--|--|---------------------------|--|--|--|--|
| | ed healthcare professionals who may ce ties are (check one): | ertify a disability inclu | ded in the list of qualifying | | | |
| | Physician, Physician's Assistant, Nurse Practitioner (all impairments)Optometrist (visual impairment) | | | | | |
| | | | | | | |
| | Audiologist (hearing impairment) | | | | | |
| | Podiatrist (mobility impairment) | | | | | |
| | Clinical/School Psychologist (mental in | mpairment) | | | | |
| | Psychiatrist (mental impairment) | | | | | |
| HEAL | THCARE PROFESSIONAL INFORM | MATION | | | | |
| Full Na | me | License Nu | umber and State | | | |
| Addres | s | Date Licen | ate Licensed Issued | | | |
| City, ZI | P Code, State | Phone Nur | Phone Number | | | |
| | sability is (check one): Permanent n is months). | ☐ Temporary (last | ing not more than 12 months; | | | |
| | ne described disability necessitate that | the applicant have ar | n attendant to ride RT? | | | |
| HEAL1 | THCARE PROFESSIONAL CERTIF | ICATION | | | | |
| applica hereby | TIFY that I am legally licensed as a ant has one or more of the disabilities d declare under penalty of perjury under and correct. | escribed in the attacl | ned list of qualifying disabilities. I | | | |
| Signatu | ure of Healthcare Professional | | Date | | | |
| | RT U | JSE ONLY | | | | |
| Issued | By: lss | ued Date: | Expiration Date: | | | |
| Healthcare Professional Certification Verified By: | | | Date: | | | |

DISABLED DISCOUNT FARE QUALIFYING DISABILITIES

Under this program, people with disabilities may travel on RT's buses and light rail trains for half the regular fare at all times.

Who is eligible: For purposes of this program, a disabled person is defined as an individual who:

1) has a physical or mental impairment that substantially limits one or more major life activity and/or by reason of illness, injury, age, congenital malformation, or other permanent or temporary incapacity or disability is unable, without special facilities or special planning or design, to utilize public transportation facilities and services as effectively as a person who is not so affected, and 2) has a current record of such impairment, incapacity or disability.

To be eligible for a Disabled Discount Pass, the applicant must possess one of the following disabilities:

DEVELOPMENTAL OR LEARNING DISABILITES: An individual has a significant learning, perceptual and or cognitive disability. Some conditions are excluded from eligibility such as attention deficit disorder (ADD) and ADHD. A specific diagnosis is required. This includes autism and cerebral palsy, etc.

HEARING: Persons who have total deafness or are unable to hear with the aid of an assistance device on the level that meets the standards of the American National Standards Institute (ANSI), as determined by an audiometer.

MENTAL ILLNESS: An individual whose mental illness includes a substantial disorder of thought, perception, orientation, or memory that impairs judgement and behavior. A specific diagnosis is required.

PHYSICAL: Persons who have any of the following physical disabilities:

- **Mobility:** Orthopedic impairments, amputations, or functional limitations where there is: 1) loss or significant impairment of one or both upper extremities; or 2) loss of significant impairment of one or both lower extremities; or 3) impairment of the trunk, back or spine that is a medically diagnosed disability which substantially limits one or more major life activities, impairs or interferes with mobility, or requires the aid of an assistance device for mobility.
- Cardiovascular: Sever cardiac impairment resulting from one of the three consequences of heart disease: 1) congestive heart disorder; or 2) ischemia with or without necrosis of heart muscle; or 3) conduction disturbances and/or arrhythmias resulting in cardiac syncope; or 4) chronic venous insufficiency, or peripheral arterial disease with intermittent claudication.
- Respiratory: Lung disease to such an extent that forced expiration volume at one second, when
 measured by spirometry, is less than on liter, or arterial oxygen tension (PO2) is less than
 60mm/HG on room at rest.
- **Neurological:** Multiple sclerosis and other neurological disorders such as epilepsy and parkinsonian syndrome.
- Chronic Progressive Debilitating Conditions: An individual who experiences debilitating diseases, autoimmune deficiencies or progressive and uncontrollable malignancies, any of which are characterized by fatigue, weakness, pain and /or changes in mental status that impair mobility. A specific diagnosis is required.
- **Blind or Low Vision:** An individual is legally blind, whose visual acuity in the better eye, with correction is 20/200 or less, or who has tunnel vision to 10 degrees or less from a point of fixation or so the widest diameter subtends and angle no greater than 20 degrees. An individual has low vision, and whose visual acuity is in the range of 20/70 to 20/200 with best correction.

Who is not eligible:

People whose sole incapacity is pregnancy, obesity, acute or chronic alcoholism or drug addiction or have a contagious disease. Financial need is NOT a consideration.

How do I apply:

A completed application must be submitted in person with a valid photo ID (driver license; ID card issued by a state, passport, government or school) at:

RT Customer Service and Sales Center

1225 R Street (adjacent to the 13th Street light rail station) Weekdays: 9 a.m. to 5:30 p.m. Closed weekends and most holidays

If you do not have a current Medicare card or Medicare award letter, current California Department of Motor Vehicles disabled person or disabled veteran placard identification card, valid disabled discount identification card issued by another transit operator or proof of current RT ADA paratransit eligibility, you must complete parts I, II and III, and have a qualified Healthcare P rofessional complete part IV.

RT Disabled Discount Photo ID Cards used in any unlawful manner will be confiscated.

