



REDUCED FARE APPLICATION FORM

(If applicant is disabled, a licensed professional is required to complete Page 2 of the application)

As part of the qualifying process for persons with a disability, this form is to be completed by a licensed professional who is familiar with the applicant's disability. A licensed professional is someone who has medical training, provides rehabilitative or therapeutic services, performs cognitive assessments, or provides independent living and counseling services to people with disabilities. If temporary certification is granted by a licensed professional, applicants are required to submit a new application form for recertification upon expiration.

INSTRUCTIONS TO APPLICANTS

(1) Fill out personal information as listed below:

Name: Mr. / Ms. _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____

Medicare Card #: _____

(2) Reduced Fare ID Card applicants, please take application to a licensed professional for completion of information on Page 2.

(3) For all persons 65 years or older or Medicare Card Holder, please provide proof of identification

(4) Return completed application for processing to the address listed below between the hours of 8 AM and 5:30 PM, Monday through Friday. Upon review and approval of completed application, a picture of applicant will be taken and ID card will be issued. The cost for the ID Card is \$1.

DO NOT MAIL OR FAX APPLICATION

THIS FORM MUST BE RETURNED TO PORTERVILLE TRANSIT IN PERSON BY APPLICANT

DATE RECD:	EXPIRATION DATE:	PT STAFF INITIALS:
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INSTRUCTIONS TO LICENSED PROFESSIONAL

- (1) Complete information on Page 5-7 of this application using the provided eligibility criteria as a guide.
- (2) Return completed application to applicant for submission to Porterville Transit.

ELIGIBILITY CRITERIA FOR DISABLED

As found in the Federal Transit Administration Regulations: 49 CFR CH. VI

Physical Disabilities

- I. **Non-Ambulatory:** Impairment that, regardless of causes, confines individuals to wheelchairs.
- II. **Mobility Aids:** Impairment that requires the use of a long leg brace, a walker, or crutches to achieve mobility.
- III. **Arthritis:** Persons, due to any cause, who suffer from arthritis, which causes a functional motor deficiency in any two major limbs (arms and/or legs). American Rheumatism Association criteria may be used as a guideline for the determination of arthritic disability. Therapeutic Grade III or worse, Functional Class III or worse and Anatomical State III or worse are evidence of arthritic disability.
- IV. **Amputation:** Persons who suffer amputation of an anatomic deformity (i.e., loss of major function due to degenerative changes associated with vascular or neurological deficits, traumatic loss of muscle mass or tendons and x-ray evidence of bony or fibrous ankylosis at an unfavorable angle, joint subluxation or instability of:
 - a. Both hands
 - b. One Hand/ one foot
 - c. Amputation of lower extremity at or above the tarsal region (one or both legs)
- V. **Cerebrovascular Accident (stroke)** with one of the following:
 - a. Pseudobulbar palsy
 - b. Functional motor deficit in any of two extremities
 - c. Ataxia affecting two extremities substantiated by appropriate cerebral signs or proprioceptive loss.
- VI. **Pulmonary Ills:** Persons suffering from the following classes of impairment (dyspnea):
 - a. Class 3 – Dyspnea does not occur during the usual activities of daily living. However, the patient can walk a mile at his/her own pace without dyspnea, although he/she cannot keep pace on the level with others of the same age and body build. Percent disability: 40-50.
 - b. Class 4 – Dyspnea occurs during such activities as climbing one flight of stairs or walking 100 yards on the level or less exertion or even at rest.
 - c. Class 5 – Dyspnea present on slightest exertion such as dressing, talking or at rest.
- VII. **Cardiac Ills:** Cardiovascular impairments of functional Class III or IV. Function Classification: Class III: Individuals with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes

fatigue, palpitation, dyspnea or anginal pain. For instance, inability to walk one or more level blocks or climbing a flight of ordinary stairs. Class IV: Individuals with cardiac disease to resulting in inability to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If physical activity is undertaken, discomfort is increased.

- VIII. **Dialysis:** Persons who, in order to live, must use a kidney dialysis machine.
- IX. **Sight Disabilities:** This section includes those persons whose vision in the better eye after best correction is 20/200 or less, or those persons whose visual field is contracted (commonly known as tunnel vision).
- a. Individuals who have been denied State of California driver's license on the basis of this section and who have proof of such denial from the Department of Motor Vehicles, shall be considered eligible.
- X. **Hearing Disabilities:** Deafness or hearing incapacity that makes an individual unable to communicate or hear warning signals, including only those persons whose hearing loss is 70 dba or greater in the 500, 1000, 2000 Hz. Ranges.
- XI. **Disabilities of Coordination:** This section includes those persons suffering faulty coordination of palsy from brain, spinal or peripheral nerve injury and any person with a functional motor deficit in any two limbs or who suffers manifestations which significantly reduce mobility, coordination and perceptiveness not accounted for in previous categories.

Developmental / Mental Disabilities

- XII. **Mental Retardation:** Mental retardation refers to below average general intellectual functioning, which originates during the developmental period and is associated with impairment in adaptive behavior. (A general guideline is an IQ which is more than two standard deviations below the norm.) This section also applies to adults who by reason of illness or accident suffer mental retardation.
- XIII. **Cerebral Palsy:** A disorder dating from birth or early infancy, non-progressive, although if not treated, there is marked regression in functioning characterized by examples of aberrations of motor functions (paralysis, weakness, uncoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulties and behavioral disorders.
- XIV. **Epilepsy:** Clinical disorder involving impairment of consciousness characterized by major seizure (grand mal or psychomotor), substantiated by an EEG, occurring more frequently than once a month in spite of prescribed treatment; with 1) diurnal episodes (loss of consciousness and convulsive seizures) or 2) nocturnal episode which shows residuals interfering with activity during the day. Individuals who have been denied a State of California driver's license on the basis of this section and who have proof of such denial from the Department of Motor Vehicles shall be eligible.
- XV. **Autism:** A syndrome described as consisting of withdrawal, very inadequate social relationship, exceptional object relationships, language disturbances, and monotonously repetitive motor behavior. Many children with autism will also be seriously impaired in general intellectual functioning. This syndrome usually appears before the age of six and is characterized by severe withdrawal and inappropriate responses to external stimuli.

- XVI. **Neurological Handicap:** A syndrome by learning perceptual and/or behavioral disorders of an individual whose IQ is not less than two standard deviations below the norm. These characteristics exist as a result of brain dysfunction (any disorder in learning or using the senses, neurological disorder, or any to the central nervous system whether due to genetic, hereditary, accident, or illness factors). This section includes persons with severe gait problems who are restricted in mobility.
- XVII. **Mental Disorder:** Individuals whose mental impairment substantially limits one or more of their major life activities. This includes inability to learn, work or care for oneself. A principal diagnosis from DSM IV classification in one of the following areas is required for eligibility: Organic Mental Disorders, Schizophrenic Disorders, Paranoid Disorders, Psychotic Disorders not elsewhere classified, Affective Disorders, Somata Form Disorders, Dissociative Disorders, Adjustment Disorders, Psychological Factors Affecting Physical Condition, and Post Traumatic Stress Syndrome. These diagnoses must be at Class 3 to 5 levels”
- Class 3 – Moderate Impairment. Levels compatible with some, but not all, useful functions.
 - Class 4 – Marked Impairment. Levels significantly impede useful functioning.
 - Class 5 – Extreme Impairment. Levels preclude useful functioning.

NOTE: If a person’s disorder is in remission or primary incapacity is acute or chronic alcoholism or drug addiction, they will be specifically excluded from discount fare eligibility.

REDUCED FARE PROGRAM – MEDICAL CERTIFICATION

(This section *must* be completed by a licensed professional for all applicants who are disabled)

Applicant Release

I authorize _____ to complete this application and verify my disability to Porterville Transit.

Name: _____

Birth date: _____ Today's Date: _____

Signature: _____

Licensed Professional Certification

We are aware that your patient may have a disability; however, their disability is not an automatic qualifying factor for approval of a Porterville Transit Reduced Fare ID Card (card entitles disabled passengers to receive reduced fare privileges). We are depending on you as a professional to review the Federal Transit Administration's eligibility criteria (as outlined on pages 2-4) and determine if your patient is eligible for this program based on the criteria listed.

Name of licensed professional: _____

License # / Appropriate Credentialing: _____

Telephone Number: _____

Address: _____

Please answer the following questions accordingly:

General Questions	Yes	No
Does the applicant have documentable functional or cognitive disability?		
What is the applicant's disability? _____ _____ _____		
Is this applicant known to be dangerous to himself/herself or others?		

Eligibility Criteria	Yes	No
<i>Please indicate the category which the applicant qualifies</i>		
1. Non-Ambulatory Disabilities		
Impairment which requires the individual to use a wheelchair?		
2. Semi-Ambulatory Disabilities		
<u>Restricted Mobility:</u> Disabilities requiring the permanent use of a walker, cane, crutches, long leg brace or other orthopedic appliances to assist an individual in moving about?		
<u>Cardio-pulmonary Disease:</u> Serious loss of heart or lung reserves as shown by X-ray, EKG or other tests and in spite of medical treatment, there is breathlessness, pain or fatigue?		
<u>Dialysis:</u> Individual who must use kidney dialysis machine in order to live?		
<u>Acquired Immune Deficiency Syndrome (AIDS)?</u>		
<u>Other:</u> Please specify: _____ _____ _____		
3. Hearing Disabilities		
<u>Legally Deaf:</u> Hearing impairment that is bilateral and not correctable with hearing aid?	Yes	No
4. Visual Disabilities		
<u>Legally Blind:</u> Visual impairment that is bilateral and not correctable with lenses?		
5. Mental Disabilities – Complete Parts I & II		
Part I		
<u>Developmental Disabilities:</u> Persons with a disability due to mental retardation, autism or other related condition that originated before age 18?		
<u>Adult Cognitive Impairment:</u> Persons by reason of traumatic brain injury or illness occurring after age of 18?		
<u>Epilepsy:</u> Grand mal or Psychomotor. Persons who are seizure free for a continuous period of six months are disqualified?		
<u>Neurological Disabilities:</u> Neurological and physical impairments not controlled by medication (i.e., cerebral palsy or multiple sclerosis)?		
<u>Chronic Mental Illness:</u> Persons with serious mental health symptoms including schizophrenia, organic brain syndrome and bipolar disorder?		

	Yes	No
Part II		
Applicant must meet one of the following conditions:		
Is living in an assisted living home environment?		
Is living at home under supervision with agency support services, public guardianship or other appointed guardianship?		
Is actively participating in a training or rehabilitation program or therapy established under federal, state or local government agencies?		

Licensed Professional Certification

I certify that I have examined the patient listed above; that I am legally licensed in the State of California to practice medicine; and completed this form to the best of my ability.

Signature: _____

Print Name: _____

Date: _____

DATE RECD:	EXPIRATION DATE:	PT STAFF INITIALS:
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