

SENIOR/DISABLED/MEDICARE REDUCED FARE ID CARD APPLICATION

NCTD offers a Reduced Fare for Seniors and Persons with Qualifying Disabilities/Medicare Card in compliance with Title 49, Part 37, Subpart A – Section 37.3 and Title 49 – CFR Part 609.

The Reduced Fare ID Card Application Form is used by NCTD to determine if the applicant meets the requirements (listed below) to receive a reduced fare identification card. The Identification card allows applicant to receive a discounted rate on all San Diego County public transit services. For fare and other information, please visit our website at www.gonctd.com or contact NCTD Customer Service: (760) 966-6500.

REQUIREMENTS FOR REDUCED FARE IDENTIFICATION CARD

Seniors

Passengers age 60 and older qualify for a Senior/Disabled/Medicare Reduced Fare ID Card when they show a valid proof of eligibility, such as any one of the following:

- Valid Driver's License
- Medicare Card (NOT a Medi-Cal Card)
- California Identification Card



If you are a Senior and have one of the valid proofs of eligibility listed above then you need to complete Section One (1) of the attached application. If you are applying as a Person with a Disability or Medicare Card then please see box below.

Persons with Disabilities/Medicare Card

Passengers with disabilities qualify for a Senior/Disabled/Medicare Reduced Fare ID Card when they show a valid proof of eligibility, such as any one of the following:

- Medicare Card (NOT a Medi-Cal Card)
- Department of Motor Vehicles disability placard receipt
- Social Security Insurance award letter
- Veterans Administration letter confirming a disability of 50% or greater



If you are a Person with a Disability or Medicare Card and have at least one of the valid proofs of eligibility listed above then you only must complete Section One (1) of the attached application.

If you DO NOT have at least one of the proofs of eligibility listed above then you must have your doctor or a qualifying health care professional complete Section Two (2) of the application (attached).

Please bring the completed form(s), proof of eligibility and current photo ID to one of the two locations listed below:

- Oceanside Transit Store at the Oceanside Transit Center Customer Service (weekdays, 8am-5pm)
205 South Tremont Street, Oceanside CA 92054 Ph: (760) 966-6500 (In-person location only)
- Escondido Transit Center (weekdays, 8am-5pm)
700 W. Valley Parkway, Escondido, CA 92025 Ph. (760) 966-6500

If mailing the form, please mail to: NCTD Customer Service, 810 Mission Ave, Oceanside, CA 92054

Please allow 10 business days for processing of your application. When eligibility has been established, we will then contact you to come to one of the locations listed above so we may take your photo and issue a NCTD Reduced Fare I.D. Card. These cards are initially free, but there is a \$7.00 fee for replacements. You then must show your NCTD Reduced Fare I.D. Card to the driver as you board the bus, or have the card in your possession when you ride the SPRINTER or COASTER, and you will be entitled to ride using the reduced cash fares or monthly passes.



SENIOR/DISABLED/MEDICARE REDUCED FARE ID CARD APPLICATION

THIS FORM MUST BE COMPLETED BY ALL APPLICANTS

SECTION 1

NAME: _____
(First, Middle, Last)

ADDRESS: _____
(Number, Street, Apartment or Space Number)

CITY: _____ STATE: _____ ZIP: _____

PHONE : (____) _____ E-MAIL: _____

DATE OF BIRTH: _____ MALE _____ FEMALE _____

Please check the box specifying the criteria for which you are applying for a Reduced Fare Identification Card:

NOTE: If you check boxes 1, 2, or 3 you must submit a copy of your proof of eligibility with this application. If you check box 4, you must submit a completed Section 2 form (attached) with this application.

- 1. Applying as a Senior and have valid proof of eligibility as listed under the Senior Requirements.
- 2. Applying as a Person with a Disability and valid proof of eligibility as listed under the Persons with Disability Requirements.
- 3. Applying as a Person with a Medicare Card.
- 4. None of the above. Please complete Section 2 form (attached) medical release and give this application packet to your health care professional to complete based on eligibility criteria.

I declare, under penalty of perjury under the laws of the State of California, that the responses I have given are true and accurate.

Signature of Applicant: _____ Date: _____
(Or guardian if applicant is under 18 years of age)

NOTE: NCTD reserves the right to make final determination of eligibility for reduced fare identification cards. It is understood that the issuance of the reduced fare identification card is for the purpose of identification on transit services; it is not transferable. Should an application for the reduced fare identification card be denied, an appeal of that denial may be arranged by contacting NCTD.

NCTD USE ONLY

RECEIVED BY: _____ PROOF OF ELIGIBILITY: _____
NAME/LOCATION DATE MEDICARE, SSI, ETC.

VERIFIED BY: _____ NOTIFIED BY: _____
NAME/LOCATION DATE NAME/LOCATION DATE

EXPIRATION DATE: _____ ISSUED BY: _____
NAME/LOCATION DATE

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SECTION 2

Medical Release and Certification

Medical Information Release: To Be Completed By Applicant

In connection with my application for the NCTD Reduced Fare Identification Card Program, I hereby authorize _____ to release to NCTD medical or other personal information regarding my disability. The information released will be confined to verification of my status as a patient and the designation of my disability category. The information released will be used solely to determine my eligibility for the Reduced Fare Identification Card.

I realize that I have a right to receive a copy of this authorization, and that I may revoke the authorization at any time. Unless earlier revoked, this form will permit the certifying health care professional to release the above information to NCTD up to 60 days from the date of my signature.

Name of Applicant (please print): _____ Signature of Applicant: _____ Date _____
(Or guardian of applicant if under 18 years of age)

Medical Certification: To Be Completed By Health Care Professional ONLY

Note: Pregnancy, obesity, and drug or alcohol addiction are specifically excluded as a sole determining factor for eligibility.

*Eligibility Category Number: _____

*See descriptions on page labeled "MEDICAL INSTRUCTIONS FOR HEALTHCARE PROFESSIONALS"

If Category 17 please provide a DSM code (required): _____

Is this disability PERMANENT for at least a minimum term of 3 years? Yes No

If No, length of disability (if term is less than 3 years) months or years

Name of Certifier: _____ Field of Practice: _____

Address: _____ State License Number: _____

City: _____ State: _____ Zip: _____ Phone: () _____ Fax: () _____

I hereby certify that I have read the requirements of eligibility for the NCTD Reduced Fare Identification Card Program and, in my professional judgment, the above-named applicant is eligible to receive discounted transit fares because of a disability (as noted above) that limits his/her ability to use fixed-route transit. I am aware that any falsification of a condition or any part of a condition will be reported to the Federal Transit Administration for prosecution to the full extent of the law.

Signature of Medical Certifier: _____ Date: _____

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SECTION 2

MEDICAL CERTIFICATION INSTRUCTIONS FOR HEALTHCARE PROFESSIONALS

The NCTD Reduced Fare Identification Card Program allows individuals to receive fare discounts, required by state and federal law. The patient who has asked you to complete the attached form is requesting such a discount. Please help us make sure that only qualified individuals become certified. Please review the eligibility requirements listed within Section 2 on the reverse side of this form and below prior to completing the certification. Should you have any questions, please contact NCTD Customer Service at (760) 966-6500 between the hours of 8-5pm, Monday – Friday.

NOTE: In order to certify a disabled or handicapped person for a NCTD Reduced Fare Identification Card, you must agree to:

1. Certify as eligible ONLY those individuals who meet the criteria included in Section 2 of this application;
2. Provide verification of the information contained in this application upon request;
3. Possess the proper professional degree and be licensed in the State of California, as follows:
 - Licensed physicians with an M.D. or D.O. degree, licensed physicians assistants and nurse practitioners may certify in all categories in which they are licensed to diagnose.
 - Licensed chiropractors may certify in Categories 1 - 4 (please see reverse side).
 - Licensed podiatrists may certify disabilities involving the feet in Categories 1 – 4 (please see reverse side).
 - Licensed optometrists may certify in Category 9 (please see reverse side).
 - Licensed audiologists may certify in Category 10 (please see reverse side).
 - Licensed clinical psychologists, licensed clinical social workers, and licensed educational psychologists may certify in Categories 12, 15, 16, and 17 (please see reverse side).

Your address and medical license information (required on each application form) will be verified with the state Medical License Board, and the State of California Department of Consumer Affairs.

Thank you for your efforts to help NCTD provide quality service to all of its customers, and for helping to maintain integrity of the NCTD Reduced Fare Identification Card Program.

Note: The disability must be identified in Title 49 Section 37.3 of the Code of Federal Regulations.)To view these regulations labeled “Transportation Services for Individuals with Disabilities” please go to www.fta.dot.gov/civilrights/ada/civil_rights_3906.html to determine the disabilities that are accepted.

SENIOR/DISABLED/MEDICARE REDUCED FARE ID CARD APPLICATION SECTION 2

REDUCED FARE ID CARD PROGRAM ELIGIBILITY CRITERIA



Applicants are eligible for the program under the following categories by having a physical or mental impairment AND IF their condition substantially limits one or more of the major life activities of the individual defined as being able to care for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, work.

CATEGORY 1 — *Non-Ambulatory Disabilities*: Make it necessary to use a wheelchair for mobility.

CATEGORY 2 — *Mobility Aids*: Make it so difficult to walk unaided that they must use a mobility aid.

CATEGORY 3 — *Musculo-Skeletal Impairment (inc. Arthritis)*: Result in a musculo-skeletal impairment, e.g. muscular dystrophy, osteogenesis imperfecta or any type of arthritis (functional Class III or anatomical Stage III).

CATEGORY 4 — *Amputation*: Result in either amputation or major deformity/functional loss of: a) both hands; or b) one hand and one foot; or c) one or both legs above the tarsal region.

CATEGORY 5 — *Cerebrovascular Accident (Stroke)*: Are caused by or result in: a) pseudobulbar palsy; or b) functional motor deficit in any of two extremities; or c) ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss longer than 4 months.

CATEGORY 6 — *Pulmonary Ills*: Are described as respiratory impairments of Class III and IV. (Class III - FVC between 51 percent and 59 percent of predicted; or FEV between 41 and 59 percent of predicted. Class IV - FVC less than or equal to 50 percent of predicted; or FEV less than or equal to 40 percent of predicted.)

CATEGORY 7 — *Cardiac Ills*: A result of cardiovascular disease and cause persons to exhibit marked limitation of physical activity at functional Class III or IV.

CATEGORY 8 — *Dialysis*: Require the use of a kidney dialysis machine.

CATEGORY 9 — *Sight Disabilities*: Result in vision in the better eye, after best correction, which is 20/200 or less; or those individuals whose visual field is contracted (commonly known as tunnel vision): a) to 10 degrees or less from a point of fixation; or b) so the widest diameter subtends an angle no greater than 20 degrees; and c) who are unable to read information signs or symbols for other than language reasons.

CATEGORY 10 — *Hearing Disabilities*: Are due to deafness or hearing incapacity that makes it impossible to communicate or hear warning signals where the hearing loss is 70 dba or greater in the 500, 1000, 2000 Hz. ranges.

CATEGORY 11 — *Disabilities of Incoordination*: Causes faulty coordination or palsy from brain, spinal or peripheral nerve injury, including functional nerve injury and/or functional motor deficit in any two limbs or which significantly reduce mobility, coordination or perceptiveness not accounted for in previous categories.

CATEGORY 12 — *Mental Retardation*: Result in subaverage general intellectual functioning originating during the developmental period or from illness or accident later in life, associated with impaired adaptive behavior.

CATEGORY 13 — *Cerebral Palsy*: Date from birth or early infancy or result from later illness or accident and are non-progressive. They display marked regression or aberrations of motor functions (paralysis, weakness, in coordination) and/or organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavioral disorders.

CATEGORY 14 — *Epilepsy (Convulsive Disorder)*: A clinical disorder involving impairment of consciousness, characterized by seizures. Persons who are seizure-free for a continuous period of six months are disqualified.

CATEGORY 15 — *Infantile Autism*: When present in a child, consists of withdrawal, very inadequate social relationships, language disturbance and monotonously repetitive motor behavior. Impaired general intellectual functioning, severe withdrawal and inappropriate response to external stimuli also may be present.

CATEGORY 16 — *Neurological Impairment*: Are characterized by learning, perception and/or behavioral disorders in an individual whose IQ is not less than two standard deviations below the norm, and result from brain dysfunctions (any disorder in learning using the senses), neurologic disorder or any damage to the central nervous system, regardless of cause. This category includes applicants with severe gait problems who are restricted in mobility.

CATEGORY 17 — *Mental Disorders*: **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 the 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 Disorder, Dissociative Disorders, Adjustment Disorders, Psychological Factors affecting physical condition, and Post-Traumatic Stress Syndrome. These diagnoses must be at Class III to V levels, as follows:

- 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.

CATEGORY 18 — *Chronic Progressive Debilitating Disorders*: Result from chronic and progressive debilitating diseases that are characterized by constitutional symptoms such as fatigue, weakness, weight loss, pain and changes in mental status that, taken together, interfere in the activities of daily living and significantly impair mobility.

CATEGORY 19 — *Multiple Impairments*: This category may include, but not be limited to, persons disabled by the combined effects of more than one impairment, including those related to age. The individual impairments themselves may not be severe enough to qualify the applicant for a reduced transit fare; however, the combined effects of the disabilities may qualify the individual for the program.