DISTRIBUTION:

Page 1 - California State Parks

Page 2 - California State Parks (if applicable)

Page 3 - Applicant

GOLDEN BEAR PASS APPLICATION

2016 Calendar Year (January-December) - \$5.00 application fee

Application Instructions, Privacy Notice and Terms and Conditions for this pass are on Page 3.

To qualify, a person must be receiving Supplemental Security Income (SSI), receiving aid under the CalWORKS program as defined below and certified by a case worker, or be 62 or over with total combined gross income that falls at or below the amount that the State has determined to be necessary to sustain the most basic needs.

If you have any questions regarding the Golden Bear Pass, contact: California State Park Pass Sales at: 800-777-0369.

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A. Personal Information (complete the following	<i>1g):</i> Пснеск іғ	APPLYING TO REPLACE A LO	OST/STOLEN PASS FROM THIS	CALENDAR YEAR.					
NAME (Last, First, Middle Initial)		SPOUSE / REGISTERED DO	MESTIC PARTNER						
PHONE NUMBER DATE OF BIRTH		E-MAIL ADDRESS							
()									
MAILING ADDRESS / CITY / STATE / ZIP CODE									
HOME STREET ADDRESS / CITY / STATE / ZIP CODE (no post office box	es) Same	as Mailing Address							
APPLICANT SIGNATURE		DRIVER LICENSE/OTHER PH		DATE					
I certify under penalty of perjury that the information provided is true a	and correct.	(Attach copy if applying by ma	il)						
>									
B. Attach the following required items to this a	application wi	th sensitive/confide	ential information or	nitted:					
 A copy of a valid state issued driver license or suspouse or registered domestic partner if named \$5.00 application fee: Check/money order payal Required documentation based on selected certification 	on pass. ble to CA Dept. (, ,	applicant and					
For spouse or registered domestic partner to be		pass, vou must submit	a copy of a valid marria	age or civil					
union license or certificate of registration of dome									
C. Check one of the following boxes to indicate NOTE: Appropriate certification materials must be included.				ation.					
1 Receiving Supplemental Security Income (SSI) [Concurrent statement of SSI benefits from U. S. Sociation 16 years of age. SSI is a Federal income supplemental Security Income supplemental Security Income (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent Statement of SSI benefits from U. S. Sociation (SSI) [Concurrent	al Security Admi	nistration and photo id	entification. Applicant m	nust be at least					
Receiving aid under the CalWORKS Program under the provisions of the California State Welfare and Institutions Code beginning at Section 11200. Applicant shall be currently covered under Medi-Cal Aid Codes 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 3W, 30, 32, 33, 34, 35, 37, 40, 42, K1, or M3. Applicant must provide photo identification and have a case worker at the local county social services office enter the information below. Application must be submitted within 90 days of case worker sign-off. INSTRUCTIONS TO CASE WORKER: Applicant(s) must provide photo ID and must be receiving benefits under one of the qualifying aid codes listed above. Personal Information (Section A) above must be completed prior to case worker sign-off. All required fields below must be completed by case worker before application is reviewed by CA State Parks.									
Please omit confidential information from any sup	porting docume	nts provided to the app	olicant.						
County Social Services Agency Date Stamp	Qualifying Aid Code	Case Number	Case Worker Phone Numb	per					
	I certify that the abo Aid Code listed abo Case Worker Signa	ve.	ntly receiving benefits under t	the Qualifying Date					
									
3 Single, age 62 or over and average gross monthly	y income from al	I sources does not exc	eed \$944. (Complete &	attach page 2)					
4 Married or registered domestic partnership, prima from all sources does not exceed \$1,751. (Complete and the complete are considered as a second se			ined average gross mo	nthly income					
ISSU Retain applications for one yea	ING OFFICE US		then destroy						
INCOME VERIFICATION TYPE INCOME ELIGIBILITY VERIFIED BY	DATE	PAYMENT RECEIVED	mon aconcy.						
□1 □2 □3 □4		Cash Check#	Last 4 Digits	cc#					
PASS ISSUED BY	DATE	DISTRICT/UNIT	Mail-in (HQ ONLY)	PASS NUMBER					
NOTICE TO EMPLOYEES: The information entered on this is Section 1798). When filing in person, supporting documents in			formation Practices Act (C	 Divil Code					

GOLDEN BEAR PASS APPLICATION - Continued Income Verification Please read thoroughly before applying under this section.

Check-boxes C-3 and C-4 from page one are intended to assist seniors aged 62 and older who have very low income. The Golden Bear is not intended to be a senior citizen discount pass, and applies only to individuals whose total combined gross income falls at or below the amount that the State has determined to be necessary to sustain the most basic needs.

Total gross income means an individual's total income before taxes or deductions. This includes ALL sources of income including, but not limited to: Salaries, commission, bonuses, social security, pensions, disbursements from retirement accounts, workers' compensation benefits, unemployment insurance benefits, rent, interest income, welfare payments, grants and educational allowances. To be reviewed under this section for eligibility for this pass, you must either provide information under Section I of this page, Income Tax Return, OR if no income taxes are filed, Section II, Declaration of Total Gross Annual Income Sources and include all of the associated proof of income documents, OR Section III, provide a copy of a "Reduced-Fee Sport Fishing License: Senior – Limited Income (LI)." All page one checkbox C-3 applicants must sign the Golden Bear Income Declaration below. Seniors meeting these income requirements may already gualify for Supplemental Security Income (SSI). If you are age 62 or older and receiving SSI benefits you may bypass the Declaration and supply information under checkbox C-1.

Total Annual Gross Income cannot exceed:

NAME OF APPLICANT (Last, First, Middle Initial)

MAILING ADDRESS / CITY / STATE / ZIP CODE

APPLICANT SIGNATURE

\$11,328 for a single person or \$21,012 for married persons or registered domestic partners.

If you are age 62 or over but your total combined income exceeds these limitations, you may qualify for the Limited Use

Golden Bear Pass.										
I. ☐ INCOME TAX RETURN (copy attached)										
mar omi	vide a complete copy of prior year's s ried filing separately or registered do t sensitive/confidential information. \ opensation income.	mestic partners filin	g separa	ately, you must i	nclude copies	of both returns. Pleas				
II. DECLARATION OF TOTAL GROSS ANNUAL INCOME SOURCES*										
	Doc. APPLICANT		D	SPOUSE/REG. DOMESTIC PARTNER						
	ttached Income Source	Annual Gross	Doc. Attached	Income	Source	Annual Gross				
		\$				\$				
		\$				\$				
		\$				\$				
		\$				\$				
		\$				\$				
		\$				\$				
-	Total Annual Gross Income	\$	Total /	Annual Gross I	ncome	\$				
Total Combined Annual Gross Income: \$										
*You must attach any and all associated documentation providing "Proof of Income". Acceptable documents include, but are not limited to: Statement of Benefits from Social Security, Veterans Administration, retirement/pension, unemployment insurance benefits, and/or workers' compensation benefits, rent statements, all forms 1099 for income referenced above, Forms W2.										
III. CURRENT "REDUCED-FEE SPORT FISHING LICENSE: SENIOR - LIMITED INCOME(LI)"										
Issued by the California Department of Fish and Wildlife (copy attached).										
GOLDEN BEAR INCOME DECLARATION (Must be completed if using Section I, II or III as verification.)										
The undersigned hereby certifies, under penalty of perjury, that he/she meets the Golden Bear Pass Income Threshold for the year in which applying.										

NAME OF SPOUSE/REGISTERED DOMESTIC PARTNER (if applicable)

SIGNATURE OF SPOUSE/REGISTERED DOMESTIC PARTNER (if applicable)

APPLICATION INSTRUCTIONS

APPLICATION INSTRUCTIONS: (NOTE: Completed application packets with all attachments submitted by mail will be retained by California State Parks and cannot be returned.) Submit completed application and certification material and copy of valid state-issued driver license or suitable photo Identification, and \$5.00 payment to:

IN PERSON:

At many units of the California State Park System (contact in advance to ensure availability); or at:

Park Pass Sales Office 1416 9th Street. Room 144 Sacramento, CA 95814

BY MAIL:

Please allow 4-6 weeks for processing. Check/Money order payable to: "CA Dept. Parks & Recreation" may be mailed with completed packets to:

California State Parks

Attn: Golden Bear Pass Program P.O. Box 942896 Sacramento, CA 94296-0001

TERMS AND CONDITIONS

Under the law, any qualifying person receiving Supplemental Security Income (SSI) [CA State Welfare and Institutions Code Section 12200]; any person receiving aid under the applicable aid codes in the CalWORKS Program; or any person qualified as listed on page 1, Section C (3&4) in accordance with the California Family Code (beginning at Section 297) is eligible to receive the Golden Bear Pass upon application and payment of a \$5.00 annual fee.

The Golden Bear Pass entitles the bearer and spouse or registered domestic partner entry to most California State Park operated units where vehicle day use fees are collected at no charge.

Upon receipt of the Golden Bear Pass, pass owner agrees to the Terms and Conditions of this pass; violation could result in pass revocation. For the complete list of Terms and Conditions inquire at the location of purchase or visit www.parks.ca.gov. Terms and Conditions include, but are not limited to:

- Pass must be renewed each calendar year and is valid for the use of the pass owner and spouse or registered domestic partner only. Once pass is received, you may use passcard for applicable benefits.
- Pass is issued as a personal benefit to the pass holder and spouse or registered domestic partner only (applicable only if spouse or registered partner is named on passcard). The pass holder may not lend, loan, reassign, or resell their pass or the privileges allowed by this pass to anyone else, including family members.
- Pass holder and spouse or registered domestic partner (if applicable) must abide by any rules and regulations applicable to California State Parks or to the use of this pass, as amended from time to time.
- Pass is valid for one passenger vehicle with a capacity of nine persons or less where a vehicle day use fee is collected. Not valid at units operated by federal or local government, private agencies or concessionaires. Pass may be used any day of the week, including holidays, if space is available. Admittance and use subject to available space.
- Pass holder is required to present the Golden Bear Pass (photocopies not accepted) and a valid state-issued driver license license or other suitable photo ID (interim/temporary not accepted) and pay any supplemental fees at the park.
- To receive pass benefits at self-pay locations, clearly display the pass and self-payment receipt on vehicle dashboard visible through the windshield. Oversized vehicle fees will not be assessed; however, not all parks can accommodate.
- · Pass is not valid for resale or commercial use, industrial or business operations, including, but not limited to fleet use or pooling. Pass shall not be assigned for profit and is void if misused.
- Pass is not valid for per-person entry or tour fees (such as museums), boat use, camping, group use or sites, special events, additional/extra vehicle fees, sanitation disposal use or for supplemental fees.
- Pass is valid unless revoked. This pass cannot be used in conjunction with any other pass and/or discount, nor can it be copied or altered in any way. Pass will be cancelled if the pass holder is found not to meet the pass qualifications.
- All sales are final. No refunds, replacements or exchanges will be made for any reason including, but not limited to: loss, theft, park closures or environmental conditions such as low water levels, fire, or inclement weather. A lost or damaged pass may be replaced only through reapplication and payment of \$5.00 fee.

If you have questions regarding the Golden Bear Pass, contact CALIFORNIA STATE PARKS PASS SALES at 1-800-777-0369 or 916-653-8280.

Information on the application is considered personal. See Privacy Notice below.

PRIVACY NOTICE

Section 1798.17 of the Civil Code requires this notice be provided when collecting personal information from individuals. Each individual has the right to review personal information maintained by this agency, unless access is exempted by law.

Marketing and Business Development Department of Parks and Recreation

TITLE OF OFFICIAL RESPONSIBLE FOR MAINTENANCE OF THE INFORMATION

Staff Services Manager I

BUSINESS ADDRESS OF OFFICIAL

1416 9th Street, Room 1442-7; P.O. Box 942896, Sacramento, CA 94296-0001

TELEPHONE NUMBER (916) 653-8280

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION

Public Resources Code Section 5011 (added by Chapter 1303, Statutes of 1982)

THE FOLLOWING ITEMS OF INFORMATION ARE VOLUNTARY, ALL OTHERS ARE MANDATORY

All information requested on the application is mandatory.

THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION

The applicant will not be issued a Golden Bear Pass.

THE PRINCIPAL PURPOSE(S) WITHIN THE AGENCY FOR WHICH THE INFORMATION IS TO BE USED

The information will be used to determine eligibility for issuance of Golden Bear Passes allowing use of State Park operated facilities where vehicle day use fees are collected, at no further charge. Applications will be retained one calendar year from the end of the calendar year for audit purposes, statistical data, and evaluation of the program.

KNOWN OR FORESEEABLE DISCLOSURES OF THE INFORMATION PURSUANT TO CIVIL CODE SECTION 1798.24, SUBDIVISIONS (e) OR (f)

Departmental Audits Office