



For Office Use Only

ID# _____

Temporary

Permanent

Date _____

Application for Yakima Transit Reduced Fare Card For Senior and Disabled Persons

(This application is available in accessible format.)

Please Print

Name _____
Last First Middle

Address _____
Street City State Zip

Date of Birth _____ Phone Number _____

Please read the applicant section of the ***Medical Eligibility Criteria and Conditions brochure*** before completing this application.

I am applying for a Yakima Transit Reduced Fare Card on the following basis. **Please check only one.**

- I am 62 years of age or older.
- I am providing proof of eligibility and am receiving Social Security Disability Benefits or Supplemental Security Income Benefits due to disability. For issuance of a Reduced Fare Card only.
- I am providing proof of current eligibility by the Veteran's Administration as having a disability of at least 40%.
- I am presenting a valid Medicare card issued by the Social Security Administration. (For issuance of a Temporary Yakima Transit Reduced Fare Card only.)
- I have have obvious physical impairment(s) meeting one or more of the medical criteria listed on the *Medical Eligibility Criteria and Conditions* sheet.
- I am currently participating in a vocational career program with the Washington State Individual Educational Program (IEP). (For issuance of a Temporary Reduced Fare Card only)
- I am medically disabled as certified by a Physician, Psychiatrist, Psychologist (Ph.D.), Physician's Assistant (P.A.), Advanced Registered Nurse Practitioner (A.R.N.P.) or Audiologist, licensed in the Washington. **See Health Care Provider's Certification form on the reverse side of this application.** This agency reserves the right to contact your Health Care Provider for verification.

Applicants Signature _____ Date _____

Yakima Transit
2301 Fruitvale Blvd
Yakima, Wash. 98902
509-575-6175

Yakima Transit Reduced Fare Card-Certification of Eligibility

Applicant's Release- *Please Print*

I hereby authorize the physician to release any information necessary to complete this certification. I understand that this information is confidential and shall not be released without my approval or a court order. I understand that Yakima Transit shall have the right and opportunity to verify my eligibility for a Reduced Fare Card. I understand that if any of the statements made on this application form are false or inaccurate, I will lose the privileges granted by the Reduced Fare Card and be subject to criminal prosecution in accordance with Washington State Law for fraud (RCW #9A.56.020).

Name _____
Last First Middle

Address _____
Street City State Zip

Date of Birth _____ Phone Number _____

Applicant's Signature _____ Date _____

This Section to Be Completed by The Following Approved Health Care Provider:

Washington State Licensed: • Physician (M.D.) • Psychiatrist Psychologist {Ph.D.} • Audiologist certified by the American Speech, Language and Hearing Association • Physician's Assistant (P.A.) • Advanced Registered Nurse Practitioner (A.R.N.P.) • **Signatures of Health Care Providers other than these are not acceptable.**

- 1 This applicant must meet at least one of the criteria and conditions listed on the *Medical Eligibility Criteria and Conditions sheet*.
- 2 The specific Medical Eligibility Criteria number must be noted in the space provided.
- 3 If Section 6.4 is used, this person must be diagnosed by you as being "Acute-at-risk." The appropriate subsection (a, b, c or d) must be included along with the name and phone number of the work activity center, training or rehabilitation program in which this patient is currently a patient. Note: An applicant's enrollment in a drug or alcohol rehabilitation program does not, in and of itself, meet eligibility requirements.
- 4 An applicant's financial situation has no bearing on eligibility.

I certify that _____ meets the Medical Eligibility Criteria _____
If Section 6.4 (a, b, c or d) enter name of qualifying program

Please check the appropriate boxes:

Yes No The disability is temporary. Specify length of disability: _____ months. A temporary disability must be expected to last at least three months, but not longer than one (1) year.

Yes No The disability is permanent.

Yes No The applicant requires a Personal Care Attendant, If yes Temporary Permanent

Verification of Approved Health Care Provider- *Please Print*

Name _____ Phone No. _____

Provider or Agency Address _____

Washington State License No. _____

Signature _____ Date _____

Original Signature Only- no stamps, photocopies or fax accepted.

I understand that if any of the statements made on this application form are false or inaccurate, I will be subject to criminal prosecution in accordance with Washington State Law for fraud. (RCW #9A.56.020).

Applicant

Yakima Transit Reduced Fare Card for Seniors and Disabled Persons

What is it?

The Yakima Transit Reduced Fare Card simplifies travel for senior and disabled riders of public transportation around the city limits of Yakima and Selah.

Who is eligible?

Any person who presents proof of one or more of the following conditions can obtain a Yakima Transit Reduced Fare Card:

1. Is at least 62 years of age?
2. Is now eligible for Social Security Disability Benefits or now receives Supplemental Security Income Benefits because of disability. (Temporary)
3. Is currently certified by the Veterans Administration at a 40 percent or greater disability level.
4. Has a valid Medicare card issued by the Social Security Administration. (Temporary)
5. Has obvious physical impairments meeting one or more of the Medical Eligibility Criteria.
6. Is currently participating in a vocational career program with the Washington State Individual Educational Program (IEP). (Temporary)
7. Is certified by a Washington State-licensed physician (M.D.), psychiatrist, psychologist (Ph.D.), Physician Assistant (P.A.), Advanced Registered Nurse Practitioner (A.N.R.P.), or audiologist (certified by the American Speech and Hearing Association) as meeting one or more of the Medical Eligibility Criteria.

Where is it issued?

Any eligible person may apply for a Yakima Transit Reduced Fare Card at the City of Yakima, Public Works Administration Building at 2301 Fruitvale Blvd., Yakima, WA.

What does it cost?

Once the Reduced Fare Application is completed and submitted, if you qualify, an Identification Card with your picture on it will be issued. You will need to bring some sort of picture identification that can be copied onto the new card. Cost of the identification card is \$2.00. Replacement cards may be obtained at the City of Yakima, Public Works Administration Building for \$3.00.

How long is it valid?

Reduced Fare Cards issued to persons 62 or older and to persons permanently disabled will be valid indefinitely. No renewal is necessary. Persons with disabilities that will last between three months and one year may receive temporary cards. This card, which will carry an expiration date, may be renewed only if the disability continues beyond that date. Persons certified by approved health care providers as permanently disabled may receive permanent cards. Yakima Transit retains the right to ask for certification upon loss of a card or at any other time.

How does it work?

The card is an identification card used as proof of eligibility to pay a reduced fare. The card has no cash value. The cardholder must show the card before paying the amount of the reduced fare or buying a Reduced Fare Monthly Bus Pass.

Questions?

If you have comments or questions regarding the Yakima Transit Reduced Fare Card, please contact Yakima Transit at (509) 575-6175.

Health Care Provider

Medical Eligibility Criteria

SECTION 1. NON-AMBULATORY DISABILITIES

1. **Wheelchair-User** Impairments which, regardless of cause, confine individuals to wheelchairs.

SECTION 2. SEMI-AMBULATORY PHYSICAL DISABILITIES

1. **Restricted Mobility** Impairments which cause individuals to walk with difficulty including, but not limited to, individuals using a long leg brace, a walker or crutches to achieve mobility, or birth defects and other muscular/skeletal disabilities, including dwarfism, causing mobility restriction. Persons currently undergoing chemotherapy or radiation treatment are considered eligible for a reduced fare permit under this subsection.
2. **Arthritis** Persons who suffer from arthritis causing a function motor defect in any two major limbs. (American Rheumatism Association criteria may be used as a guideline for the determination of arthritic handicap; Therapeutic Grade III, Functional Class III, or Anatomical State III or worse is evidence of arthritic handicap.)
3. **Loss of Extremities** Persons who suffer anatomical deformity of or amputation of both hands, one hand and one foot, or lower extremity at or above the tarsal region. Loss of major function may be due to degenerative changes associated with vascular or neurological deficiencies, traumatic loss of muscle mass or tendons, bony or fibrous ankylosis at unfavorable angle, or joint subluxation or instability.
4. **Cerebrovascular Accident** Persons displaying one of the following, four months post-CVA:
 - a. Pseudobulbar palsy or
 - b. Functional motor defect in any two extremities, or
 - c. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.
5. **Respiratory** Persons suffering respiratory impairment (dyspnea) of Class 3 or greater as defined by "Guidelines to the Evaluation of Permanent Impairment: The Respiratory System," Journal of the American Medical Association, 194:919 (1965).
6. **Cardiac** Persons suffering functional classification III or IV and therapeutic Classifications C, D, or E cardiac disease as defined by Diseases of the Heart and Blood Vessels- Nomenclature and Criteria for Diagnosis, New York Heart Assoc. (6th Edition).
7. **Dialysis** Persons who must use kidney dialysis machine in order to live.
8. **Disorders of Spine** Persons disabled by one or more of the following:
 - a. Fracture of vertebra, residuals or, with cord involvement with appropriate motor and sensory loss; or
 - b. Generalized osteoporosis with pain, limitation of back motion, paravertebral muscle spasms, and compression fracture of vertebra; or
 - c. Ankylosis or fixation of cervical or dorsolumbar spine at 30 degrees or more of flexion measured from the neutral position and one of the following:
 - i. Calcification of the anterior and lateral ligaments as shown by x-ray; or
 - ii. Dilateral ankylosis of sacroiliac joints and abnormal apophyseal articulation as shown by x-ray.
9. **Nerve Root Compression Syndrome** A person disabled due to any cause by:
 - a. Pain and motion limitation in back of neck: and
 - b. Cervical or lumbar nerve root compression as evidenced by appropriate radicular distribution of sensory, motor and reflex abnormalities.
10. **Motor** Persons disabled by one or more of the following:
 - a. Faulty coordination or palsy from brain, spinal or peripheral nerve injury; or
 - b. A functional motor deficit in any two limbs; or
 - c. Manifestations significantly reducing mobility, coordination and perceptiveness not accounted for in prior categories.
11. **HIV Disease** A person disabled by HIV disease who meets Social Security eligibility criteria or who meets Washington State (GAU/Welfare) medical criteria.

SECTION 3. VISUAL DISABILITIES

1. Persons disabled because of:
 - a. Visual acuity of 20/200 or less in the better eye with correcting lenses; or
 - b. Contraction of the visual field:
 - i. So the widest diameter of visual field subtending an angular distance is no greater than 20 degrees; or
 - ii. To 10 degrees or less from the point of fixation; or
 - iii. To 20 percent or less visual field efficiency.
2. Persons who, by reason of a visual impairment, do not qualify for a Driver's License under regulations of the Washington State Department of Motor Vehicles.

Section 4: HEARING DISABILITIES

1. Persons disabled because of hearing impairments manifested by one or more of the following:
 - a. Better ear pure tone average of 90 dB HI (unaided) for tones at 500, 1,000, 2,000 Hz; or
 - b. Best speech discrimination score at or below 40% (unaided) as measured with standardized testing materials.
2. Eligibility may be certified by a physician licensed by the State of Washington or by an audiologist certified by the American Speech, Language, Hearing Association.

Section 5: NEUROLOGICAL DISABILITIES

1. **Epilepsy**
 - a. Persons who have suffered any seizure with loss of awareness within the last six months.
 - b. Persons exhibiting seizure-free control for a continuous period of more than six (6) months duration are not included in the statement of epilepsy defined in this section.
2. **Neurological Handicap** A person disabled by cerebral palsy, multiple sclerosis, muscular dystrophy, or other neurological and physical impairments not controlled by medication.

Section 6: MENTAL DISABILITIES

1. **Developmental Disabilities Permanent Permit** Persons disabled due to mental retardation, autism or other conditions found to be closely associated with mental retardation or to require treatment similar to that required by mentally retarded individuals and:
 - a. The disability originates before such individual attains age 18,
 - b. The condition has continued, or can be expected to continue, indefinitely,
 - c. The condition substantially limits one or more major life activities on an on going basis.
2. **Adult Cognitive Impairments Permanent Permit** Persons whom by reason of traumatic brain injury, illness or other accident occurring after age 18 experience ongoing impairments(s) in cognition that substantially limit(s) one or more major life activities, including individuals who meet SSA, SSI, or SSDI eligibility criteria.
3. **Serious Persistent (Chronic) Mental Illness Permanent Permit** Individuals with a mental illness with symptoms chronic in nature who experience a significant limitation in their ability to take part in major life activities and who meet one of the following:
 - a. Having a mental disorder diagnosis based on criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM);
 - b. Living in a group/boarded home setting, receiving state or federal financial assistance and participating in a state or federally funded work activity center or workshop;
 - c. Permanently placed in a supervised or supported living arrangement;
 - d. Addressing mental health needs by participating in any training/ rehabilitation program or therapy established under federal, state, county, Regional Support Network (RSN) or city government agency.
4. **Serious Mental Illness (Acute at-risk) Temporary Permit** Individuals with a mental illness who are currently experiencing a significant limitation in their ability to take part in major life activities AND who meet one of the following:
 - a. Having a mental disorder diagnosis based on criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM);
 - b. Living in a group/boarded home setting, receiving state or federal financial assistance and participating in a state or federally funded work activity center or workshop;
 - c. Living at home under supervision and participating in a state or federally funded state or federal work activity center or workshop;
 - d. Addressing mental health needs by participating in any training/ rehabilitation program or therapy established under federal, state, county, Regional Support Network (RSN) or city government agency.