



Effective March 8, 2018

DISCOUNT FARE APPLICATION FOR PERSONS WITH DISABILITIES

The MTD Mobility Pass Identification Card program makes it easier for passengers with disabilities to qualify for reduced fares on MTD buses. Call 805.963.3366 or visit sbmtd.gov/passenger-information/accessibility.html for eligibility requirements or additional information.

SECTION I-APPLICATION INSTRUCTIONS

- > All applicants are required to complete **SECTIONS II AND III** of this application and provide a copy of a valid photo ID.
- > If applicant has a qualifying medical disability (see **SECTION III**), then he or she is also required to complete **SECTION IV** and must request a doctor or other certifying professional to complete and sign **SECTION V**.
- > Photocopy of CA driver's license, CA ID card, or other approved photo ID, and documents proving eligibility in **SECTION III** for all applicants except qualifying medical disability applicants.
- > Submit completed application in person or by mail (see last page).

SECTION II – APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)

_____ Last Name	_____ First Name	_____ Middle Name/Initial
_____ Mailing Address	_____ Apt #	_____ Telephone Number
_____ City	_____ State	_____ Zip Code

I declare *under penalty of perjury* under the State of California that the information I have given is true. I understand that I may lose the use of my Mobility Pass ID card if I misuse the card, or if I mark, tag or damage transit agency property.

Applicant Signature

Date

SECTION III – ELIGIBILITY CRITERIA AND MEDICAL RELEASE

Applicants are eligible for the Mobility Pass ID card if one of the criteria listed below applies to the applicant. *Note: Applicants who qualify in one of the first two categories must supply a photocopy of the document proving eligibility and a current CA driver's license, CA ID card or other approved photo ID.*

_____ I have a Medicare Identification Card (Medi-Cal Card not acceptable). *Attach copy.*

_____ I have a valid California DMV Placard receipt (must have current "valid through" date to be accepted) or Disabled Veteran's ID (service connected). *Attach copy.*

IF YOU MEET ONE OF THE ABOVE TWO CRITERIA, YOU CAN STOP HERE

_____ I have a qualifying medical disability according to Social Security Disability (Requires completion of **SECTION IV & V**).

CONTINUE TO SECTIONS IV AND V

THIS SIDE TO BE COMPLETED FOR QUALIFYING MEDICAL DISABILITY CRITERIA ONLY

SECTION IV – MEDICAL RELEASE CONSENT (REQUIRED FOR MEDICAL DISABILITY CRITERIA ONLY)

In connection with my application for a Mobility Pass ID card, I hereby authorize

Dr. _____ to release medical or other pertinent information regarding my disability to MTD. The information released will only be used to verify my patient status and the designation of my disability category.

I realize that I have a right to receive a copy of this authorization. I understand that I may revoke this authorization at any time. Unless revoked, this form will permit the health care professional certifying my disability to release pertinent information for up to 60 days after the date appearing below.

Applicant Name (Print)

Applicant Signature

Date

SECTION V – MEDICAL PROFESSIONAL CERTIFICATION (FOR DOCTOR'S USE ONLY)

Qualified health care professionals who may certify disabilities listed in **SECTION VI**:

M.D. & D.O. – ALL IMPAIRMENTS, ALL CATEGORIES

AUDIOLOGIST – HEARING IMPAIRMENTS O, P, Q ONLY

CHIROPRACTORS – MOBILITY IMPAIRMENTS A, B, D, Q ONLY

PODIATRIST – MOBILITY IMPAIRMENTS A, B, C, D, Q ONLY

OPTOMETRIST – VISUAL IMPAIRMENTS K, L, Q ONLY

CLINICAL PSYCHOLOGISTS – MENTAL IMPAIRMENTS M, N, Q ONLY

In order to certify an individual for the MTD Mobility Pass ID card you must:

- > Agree to only certify, as eligible, those individuals who meet the criteria in **SECTION VI**.
- > Upon request, provide verification of the information contained on this application to qualifying agency.
- > Possess the proper professional degree and be licensed in California.

I hereby certify that the applicant's Medical Disability Criteria defined in **SECTION VI** is/are

(CIRCLE ALL LETTERS THAT APPLY)

A B C D E F G H I J K L M N O P Q

In my professional judgment the applicant's disability is expected to continue for () years, () months.

(Note: MTD Mobility Pass Identification Cards will not be valid for fewer than 3 months or longer than 5 years.)

I understand that failure to certify applicant disabilities in accordance with the above guidelines will result in cancellation of my certification privileges. I am legally licensed as a (enter title of qualified profession) _____

in the State of California and under the penalty of perjury, I hereby declare that the information provided is true and correct.

MEDICAL PROFESSIONAL INFORMATION

Name of Certifying Person (please print)

Signature of Certifying Person

Date

**ATTACH BUSINESS CARD HERE
(REQUIRED)**

License No.

SECTION VI — MEDICAL DISABILITY CRITERIA

MOBILITY IMPAIRMENTS

- A Non-ambulatory: Requires use of a wheelchair.
- B Mobility-Aided: Requires use of an AFO or larger leg brace, walker, or crutches to achieve mobility.
- C Arthritis: Therapeutic Grade III or worse, Functional Class III or worse, Anatomical Grade III or worse.
- D Amputation/Deformity: Traumatic loss of muscle mass or tendons or x-ray evidence of bony or fibrous ankylosis, joint subluxation or instability of both hands, one hand and foot, or amputation at or above tarsal region.
- E Stroke: Causing Pseudobulbar Palsy, sustained functional motor deficit of gross/dexterous movement or gait, ataxia affecting two extremities.

PHYSICAL IMPAIRMENTS

- F Respiratory: Class III or greater.
- G Cardiac: Vascular impairments of Functional Class III or IV and Therapeutic Class C, D or E.
- H Dialysis: Individuals who require kidney dialysis to live.
- I Neurological Impairments: As contained in Disability Evaluation Under Social Security Publication.
- J Chronic Progressive Debilitating Disorders: Diseases that are characterized by chronic symptoms such as fatigue, weakness, weight loss, pain and changes in mental status which interfere in daily living activities and **significantly impair mobility**.
 - > Progressive and uncontrollable malignancies
 - > Advanced connective tissue disease such as Lupus Erythematosus, Scleroderma or Polyarteritis Nodosa
 - > Symptomatic HIV: (AIDS or ARC) in CDC defined clinical group IV, Subgroups A-E

VISUAL IMPAIRMENTS

- K Legally Blind.
- L Visual Acuity: No better than 20/200 after correction in best eye, or visual field is contracted to 10 degrees or less from point of fixation or subtends to angle no greater than 20 degrees.

MENTAL IMPAIRMENTS

- M Mental/Emotional: Individual with a mental or emotional impairment listed in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, the severity of which meets or exceeds standards outlined in the Disability Evaluation Under Social Security Publication. Disability must have been present for at least 3 months and be expected to continue for at least 3 months past the application date.
- N Autism: Syndrome consisting of withdrawal, inadequate social relationships, language disturbance and monotonously repetitive motor behavior.

HEARING IMPAIRMENTS

- O Total deafness.
- P Persons whose hearing loss is 70 dba or greater in the 1000 and 2000 Hz ranges.

ATTENDANT REQUIRED

- Q Applicant's mobility is limited to such an extent that an attendant's care is **always necessary and is required on public transportation**. With this ID, the ID card holder and one attendant may ride the bus together and each of them will be charged the reduced fare.

SUBMITTING YOUR APPLICATION

A completed application ready for submission contains the following:

- > A completed application form: **SECTIONS II and III** for all applicants and **SECTION IV AND V** for qualifying medical disability applicants.
- > Photocopy of CA driver's license, CA ID card, or other approved photo ID, and documents proving eligibility in **SECTION III** for all applicants except qualifying medical disability applicants.

Submit your completed application packet **in person** at MTD's Transit Center:

Transit Center *[Note: No mail is accepted at the Transit Center!]*
1020 Chapala Street
Santa Barbara, CA

or **by mail** to:

MTD
550 Olive Street
Santa Barbara, CA 93101

MTD Mobility Pass authorization or denial letters will be mailed to applicants within 21 days. MTD reserves the right to make the final determination of eligibility for Mobility Pass ID cards.

Mobility Pass Identification Cards are not transferable. There is a \$5.00 fee for replacement of a lost card.

FOR MORE INFORMATION

Visit www.sbmtd.gov/passenger-information/accessibility/html
805.963.3366

FOR MTD USE ONLY:		
Application Received by:	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> PRINT NAME	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> SIGNATURE
Pass Type:	<input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> T	(EXPIRATION DATE: <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div>)
Application:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
If denied, reason:	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	
Approved or Denied By:	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> PRINT NAME	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> SIGNATURE
		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> DATE