APPLICATION FOR DISABLED RIDER DISCOUNT

APPLICATION INSTRUCTIONS:

1. All applicants must complete PARTS I and II
2. Applicants with a qualifying medical disability (see list of qualifying disabilities) must also complete PART III
3. Application may take up to three business days to process

PART I: APPLICANT INFORMATION (PLEASE PRINT LEGIBLY)

Last Name _____ First Name _____ Date of Birth _____

Address _____ City, State, ZIP Code _____

Phone Number _____ Email _____

APPLICANT CERTIFICATION

I certify under penalty of perjury under the State of California that the information provided concerning my application is true and correct.

Signature of Applicant _____ Date _____

PART II: DOCUMENTATION CHECKLIST

Applicants are eligible for a Disabled Rider Account if at least **ONE** of the forms of documentation are provided from the list of **1 through 4** below. ***IF YOU HAVE ONE OF THE ITEMS LISTED 1 THROUGH 4 BELOW, YOU DO NOT NEED TO COMPLETE THIS APPLICATION.*** Applicants who cannot provide items 1 through 4 must use option 5 by completing this form and obtaining a Doctor's verification (Section III/IV).

1. A current Medicare card or a Medicare, SSI or SSDI award letter
2. A current California Dept. of Motor Vehicles (OMV) disabled person or disabled veteran placard ID
3. A valid Disabled Discount ID card issued by a local transit operator (Yolobus, SacRT, etc.)
4. Proof of current ADA paratransit eligibility through a local transit operator (Yolobus, SacRT, etc.)

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5. Qualifying medical disability **(must complete PARTS III and IV below)**
   (Refer to page 3 for information on qualifying disabilities)

PART III: AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby authorize the release of the following medical information regarding my disability to the City of West Sacramento (City) and Via Transportation, Inc (Via). This information will only be used to verify my eligibility for a Disabled Rider discount. The City or Via has my express consent to contact my healthcare professional to confirm any information provided herein.

Applicant Name _____ Applicant Signature _____ Date _____

PART IV: HEALTHCARE PROFESSIONAL CERTIFICATION

Qualified healthcare professionals who may certify a disability included in the list of qualifying disabilities are (check one):

- ☐ Physician, Physician's Assistant, Nurse Practitioner (all impairments)
- ☐ Optometrist (visual impairment)
- ☐ Audiologist (hearing impairment)
- ☐ Podiatrist (mobility impairment)
- ☐ Clinical/School Psychologist (mental impairment)
- ☐ Psychiatrist (mental impairment)

HEALTHCARE PROFESSIONAL INFORMATION

Full Name _____

License Number and State _____

Address _____

Date Licensed Issued _____

City, ZIP Code, State _____

Phone Number _____

QUALIFYING DISABILITY INFORMATION

In the space below, please provide a **SPECIFIC** description of the nature of the disability and how the impairment(s) inhibits applicant's ability to utilize mass transportation facilities and services without special facilities, planning, or design (Please print LEGIBLY and provide sufficient detail or attach description on official letterhead form).

_____

_____

_____

_____

This disability is (check one): ☐ Permanent ☐ Temporary (lasting not more than 12 months; duration is _____ months).

Does the described disability necessitate that the applicant have an attendant to ride Via?

☐ Yes ☐ No

HEALTHCARE PROFESSIONAL CERTIFICATION (This section MUST be completed by your medical provider)

*I **CERTIFY** that I am legally licensed as a_____in the State of California and the applicant has one or more of the disabilities described in the attached list of qualifying disabilities. I hereby declare under penalty of perjury under the State of California that the information I have provided is true and correct.*

_____ _____

Signature of Healthcare Professional Date

CITY OF WEST SACRAMENTO USE ONLY

Issued By:_____Issued Date:_____Expiration Date:_____

Healthcare Professional Certification Verified By:_____Date:_____

DISABLED RIDER DISCOUNT QUALIFYING DISABILITIES

Under this program, people with disabilities may travel on the West Sacramento On-Demand Rideshare program operated by Via rideshare for half the regular fare at all times and receive door-to-door service.

Who is eligible: For purposes of this program, a disabled person is defined as an individual who: 1) has a physical or mental impairment that substantially limits one or more major life activity and/or by reason of illness, injury, age, congenital malformation, or other permanent or temporary incapacity or disability is unable, without special facilities or special planning or design, to utilize public transportation facilities and services as effectively as a person who is not so affected, and 2) has a current record of such impairment, incapacity or disability.

To be eligible for a Disabled Rider account, the applicant must possess one of the following disabilities:

DEVELOPMENTAL OR LEARNING DISABILITES: An individual has a significant learning, perceptual and or cognitive disability. Some conditions are excluded from eligibility such as attention deficit disorder (ADD) and ADHD. A specific diagnosis is required. This includes autism and cerebral palsy, etc.

HEARING: Persons who have total deafness or are unable to hear with the aid of an assistance device on the level that meets the standards of the American National Standards Institute (ANSI), as determined by an audiometer.

MENTAL ILLNESS: Individuals whose mental illness includes substantial disorder of thought, perception, orientation, or memory impairing judgment and behavior. A specific diagnosis is required.

PHYSICAL: Persons who have any of the following physical disabilities:

- **Mobility:** Orthopedic impairments, amputations, or functional limitations where there is: 1) loss or significant impairment of one or both upper extremities; or 2) loss of significant impairment of one or both lower extremities; or 3) impairment of the trunk, back or spine that is a medically diagnosed disability which substantially limits one or more major life activities, impairs or interferes with mobility, or requires the aid of an assistance device for mobility.
- **Cardiovascular:** Sever cardiac impairment resulting from one of the three consequences of heart disease: 1) congestive heart disorder; or 2) ischemia with or without necrosis of heart muscle; or 3) conduction disturbances and/or arrhythmias resulting in cardiac syncope; or 4) chronic venous insufficiency, or peripheral arterial disease with intermittent claudication.
- **Respiratory:** Lung disease to such an extent that forced expiration volume at one second, when measured by spirometry, is less than on liter, or arterial oxygen tension (PO2) is less than 60mm/HG on room at rest.
- **Neurological:** Multiple sclerosis and other neurological disorders such as epilepsy and parkinsonian syndrome.
- **Chronic Progressive Debilitating Conditions:** An individual who experiences debilitating diseases, autoimmune deficiencies or progressive and uncontrollable malignancies, any of which are characterized by fatigue, weakness, pain and /or changes in mental status that impair mobility. A specific diagnosis is required.
- **Blind or Low Vision:** An individual is legally blind, whose visual acuity in the better eye, with correction is 20/200 or less, or who has tunnel vision to 10 degrees or less from a point of fixation or so the widest diameter subtends and angle no greater than 20 degrees. An individual has low vision, and whose visual acuity is in the range of 20/70 to 20/200 with best correction.

Who is not eligible:

People whose sole incapacity is pregnancy, obesity, acute or chronic alcoholism or drug addiction or have a contagious disease. Financial need is NOT a consideration.

How do I apply:

The Disabled Rider Application must be submitted by email with scanned copies of the required documentation, including this completed form, or submit in person or by US Mail to:

stevenr@cityofwestsacramento.org

City Hall
Attn: Steven Rosen
1110 W Capitol Ave
West Sacramento, CA 95691

PLEASE NOTE:

If you have a current Medicare card or Medicare award letter, current California Department of Motor Vehicles disabled person or disabled veteran placard identification card, valid disabled discount identification card issued by another transit operator or proof of current RT ADA paratransit eligibility, **you do not need to complete this application.**

If you don't have any of these forms of documentation, you must complete parts I and II and have a qualified Healthcare Professional complete part III.

What happens next?

After submitting this application, City staff will contact your medical provider using the contact information included above to verify your eligibility. Please allow up to 2-3 weeks for verification. However, wait time is ultimately dependent upon your medical provider's timely response to City staff's verification request.

Upon verification by your medical provider, your account will be immediately updated with the Disabled Rider status and staff will notify you.

You may contact staff at any time to check on the status of your application using the contact information provided above.