



APPLICATION FOR REDUCED FARE (Long Form)

Persons with Medical Disabilities

INSTRUCTION SHEET

Thank you for your interest in San Diego Metropolitan Transit System's (MTS's) Reduced Fare Program. This program provides a reduced MTS fare for eligible customers. This application is **ONLY** for persons with disabilities who do not have Medicare, SSI, or SSD, and are not age 60 and over. If you need to replace a lost or stolen MTS Compass Card picture ID, skip this form and call 511 or visit The Transit Store.

THE APPLICATION PROCESS

1. Complete and sign page 2 of the application; and then
2. Have your physician or licensed health care professional* (see Section 7 for a list of authorized licensed health care professionals) who is treating you for the qualifying disability complete and sign page 3 of this application.

RETURNING THE APPLICATION

Return the completed application (with Physician's Statement of Medical Disability Eligibility)

IN PERSON (10TH FLOOR) -or- BY MAIL TO:

DISABILITY ID CARD c/o MTS

1255 IMPERIAL AVE. SUITE 1000, SAN DIEGO CA 92101

PLEASE DO NOT SEND PAYMENT OR CASH TO THIS ADDRESS

NOTIFICATION OF APPROVAL

MTS will notify you if your application was approved within 15 working days contingent **upon verification by your physician or licensed health care provider**. Once your application is approved and notice is received, you may go to The Transit Store to have your photograph taken and pay for and pick up your ID card.

**UNTIL YOUR APPLICATION IS APPROVED,
YOU MUST PURCHASE A REGULAR FARE (CASH OR PASS)**

MTS reserves the right to make a final determination of eligibility of disabled identification cards. Applications are for internal use only and will not be subject to public review. Should an application be denied, an appeal may be filed with MTS or you may resubmit your application.

BRING THE FOLLOWING WHEN PICKING UP AN APPROVED DISABLED COMPASS CARD FROM THE TRANSIT STORE

1. Your current state or government-issued photo ID that shows your date of birth (state driver's license, state ID card, or passport). Photocopies will not be accepted.
2. Correct processing fee (\$7 for new or renewal cards payable by cash, money order, check, traveler's cheque, commuter check voucher, Visa, or MasterCard only).

Inaccurate or incomplete information on the application, failure to provide required identification, or inability to verify physician/licensed health care provider's certification may result in the inability to issue the MTS Disabled Compass Card within 15 days.



PERSONS WITH MEDICAL DISABILITIES APPLICATION FOR REDUCED FARE

(Long Form)

San Diego Metropolitan Transit System (MTS) will notify you if your application is **approved within 15 working days contingent upon confirmation from your physician or licensed health care provider** (if required). Once your application is approved and notice is received, you may go to The Transit Store to have your photograph taken, pay for, and pick up your MTS Disabled ID Card. MTS reserves the right to make a final determination of eligibility of disabled identification cards. Applications are for internal use only and will not be subject to public review. Should an application be denied, an appeal may be filed with MTS or the applicant may resubmit. A parent or legal guardian must sign for applicants under 18 years of age.

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Birth Month/Day/Year
_____	_____	_____	_____
Mailing Address	City	State	ZIP Code
_____			(____) _____
If parent or legal guardian signing for minor, PRINT parent or legal guardian name			Phone number with area code

SECTION 1. CHECK THE APPROPRIATE BOX BELOW

- New Card.** If you have not had an MTS Disabled ID Card before, check this box. The cost is \$7 for the Compass Card ID*. You must have your physician or licensed health care provider complete and sign page 2
- Renewal Card.** If your MTS Disabled ID Card is expiring, please check this box. The cost is \$7 for the Compass Card ID*. You must have your physician or licensed health care provider complete and sign the back of this application

*NOTE: The cost of the Compass Card ID is separate from the cost of the monthly fare

SECTION 2. APPLICANT ACKNOWLEDGEMENT AND MEDICAL RELEASE CONSENT

I certify to the best of my knowledge that the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated.

I understand that my MTS Disabled ID Card is not transferable to other persons and that MTS reserves the right to determine qualifications for issuing cards in accordance with the terms and conditions listed on the application instruction sheet. I understand the MTS Disabled ID Card is valid until the date printed on the card and that I must reapply at that time if I wish to continue my eligibility with the MTS Disabled ID Card program. I understand that on the bus, I must tap my MTS Disabled ID Card on the farebox or card reader and for the trolley, I must tap the station validator to be eligible for the reduced fare.

I understand that the information on this application will be kept confidential by the professionals involved in evaluating my eligibility. I understand that MTS will contact the physician or licensed health care provider on the back of this form to verify my qualifying disability.

I AUTHORIZE the certifying physician or licensed health care provider to provide all information needed to MTS in determining my eligibility for the MTS reduced-fare program.

I HAVE READ AND UNDERSTAND the Instruction Sheet. I understand that until my MTS Disabled ID Card is approved, I will need to purchase the regular adult or youth fare to use MTS's transit services. (A parent or legal guardian must sign for applicants under 18 years of age.)

Original Signature (copies/faxed/stamped signatures NOT accepted)

Date of Signature

SECTION 3. APPLICANT MUST FILL OUT THIS PAGE FIRST & THEN HAVE CERTIFIED PROFESSIONAL COMPLETE SECTIONS 5 AND 6 ON THE NEXT PAGE IN THEIR ENTIRETY

SECTION 4. RETURN THIS APPLICATION

Please
DO NOT
send money

By Mail:
Disability ID Card c/o MTS
1255 Imperial Avenue, Suite 1000
San Diego, CA 92101

In Person
-or-
10th Floor at MTS
1255 Imperial Avenue, Suite 1000
San Diego, CA 92101

SECTION 5. PHYSICIAN'S STATEMENT OF MEDICAL DISABILITY ELIGIBILITY



ONLY TREATING *PHYSICIANS/QUALIFIED HEALTH CARE PROFESSIONALS (as shown *below) are authorized to fill out **ANY** portion of this application. It must be **COMPLETE** or it will be returned. Please read "Important" information (at bottom of page).

✓ _____
PATIENT'S NAME (please print clearly)

✓ **DURATION** from date of this certification (choose one):
 3 months 6 months 1 year 3 years

***PHYSICIANS/HEALTH CARE PROFESSIONALS QUALIFIED TO CERTIFY** (as follows):
Licensed Physician (MD/DO): ALL categories 1-15 Licensed Psychiatrist/Psychologist 10-15
Certified School Psychologist: 15 Audiologist: 9 Podiatrist: 6-7

✓ Check all categories that apply below (must meet criteria on "List of Qualifying Disabilities" in Section 7):

- 1. *NONAMBULATORY* (Impairments requiring use of a wheelchair)
- 2. *ARTHRITIS*: (check applicable type[s] below)
 Therapeutic Grade III / Functional Class III / Anatomical State III
- 3. *CARDIOPULMONARY/CARDIOVASCULAR DISEASE* (See details pg. 4 of 6)
- 4. *CEREBROVASCULAR ACCIDENT* (ongoing debilitating) (See pg. 4 of 6)
- 5. *DIALYSIS* (kidney dialysis machine in order to live)
- 6. *AMPUTATION/DEFORMITY* (Hands and/or feet or loss of major function)
- 7. *MOBILITY-AIDED* List permanent mobility device(s) used: _____
- 8. *SIGHT* disabilities (See details on pg. 4 of 6)
- 9. *HEARING* Disabilities (70 dB(A) or greater in 500, 1000, 2000 Hz ranges)

- 10. *INTELLECTUAL/DEVELOPMENTALLY DISABLED*
- 11. *AUTISM*
- 12. *NEUROLOGICAL DISABILITIES* - Specific Diagnosis: _____
- 13. *EPILEPSY* -Type: _____
 Seizure-free continuous 6-mo. period? YES NO
- 14. *MENTAL DISORDERS* - Principal Diagnosis DSM V: _____
- 15. *LEARNING DISABILITIES* - Specific Diagnosis: _____

✓ **Is/are dysfunction(s) controlled by medication(s)?** YES NO

✓ **REQUIRED - PLEASE EXPLAIN** how the disability(ies) inhibit(s) the applicant's ability to effectively use mass transportation services or a mass transportation facility without special facilities, planning, or design:

SECTION 6. CERTIFICATION OF TREATING PHYSICIAN/LICENSED HEALTH CARE PROFESSIONAL

I **CERTIFY** I am legally licensed by the State of California. I **AM CURRENTLY TREATING** _____ ✓ (patient name) for a qualifying disability, the applicant is disabled as defined by the above criteria, and the information I have provided is true & correct under penalty of perjury according to the laws of the State of California.

 Physician's Name (**ONLY *qualified professionals**)

 Physician's License Number

 Office Street Address Suite

 City, State, ZIP Code

 Phone Number w/Area Code Extension

 Fax Number w/Area Code

✓ _____
Authorized Signature (MUST BE AN ORIGINAL)
 COPIES/FAXED/STAMPED SIGNATURES NOT ACCEPTED

✓ _____
Date of Signature
 INFO. CAN BE RELEASED TO MTS UP TO 60 DAYS FROM DATE OF SIGNATURE

IMPORTANT – PLEASE READ THOROUGHLY

PLEASE **DO NOT SUBMIT** APPLICATIONS for individuals who do not qualify for a medical disability reduced fare. Not all disabilities under Section 37.3 qualify an individual to receive a reduced transit fare. Reduced fare ID cards are **NOT ISSUED FOR SOCIOECONOMIC PURPOSES**. PREGNANCY, OBESITY, DRUG AND/OR ALCOHOL ADDICTION, TAKEN ALONE, OR A DYSFUNCTION THAT CAN BE CONTROLLED THROUGH MEDICATION ARE ALSO EXAMPLES **THAT DO NOT QUALIFY** an individual for a reduced transit fare. Please see the MTS handout "Explanation of Reduced Fare Benefits for Individuals with Disabilities" for an explanation of the disabilities that could qualify an individual for reduced fare with MTS. The medical disability must be identified in Title 49 Section 37.3 of the Code of Federal Regulations **and MUST further meet the state and federal requirements for reduced fare eligibility. The qualifying disability(ies) MUST inhibit the applicant's ability to effectively use mass transportation services or a mass transportation facility WITHOUT special facilities, planning, or design.**

PLEASE MAKE A COPY FOR YOUR FILE; MTS WILL CALL TO VERIFY (Applicant's Medical Release Consent in Section 2)

For MTS Internal Use Only: Verified by _____ Date _____ Staff Initials _____

SECTION 7. LIST OF QUALIFYING DISABILITIESType of Licensed Health Care Professional
Authorized to Complete the Certification:

- 1. NONAMBULATORY.** Impairments (such as an anatomical loss or paralysis) that require use of a wheelchair.
- 2. ARTHRITIS.** American Rheumatism Assoc. may be used as a guideline for determination of arthritic disability Therapeutic Grade III, Functional Class III, Anatomical State III, or worse as evidence of arthritic disability.
- 3. CARDIOPULMONARY/CARDIOVASCULAR DISEASE.** Serious loss of heart or lung reserves as shown by X-ray, EKG, or other tests and, in spite of medical treatment, there is breathlessness, pain, or fatigue. Requires impairment at Class III or IV level upon standards accepted by the American Heart Association. (For lung functionality, see Pg. 5 of 6 - Nos. 4 a and 4b.)
- 4. CEREBROVASCULAR ACCIDENT.** Ongoing debilitating effects following occurrence of cerebrovascular accident (stroke) or cerebral palsy.
- 5. DIALYSIS.** Individual who must use a kidney dialysis machine in order to live.
- 6. AMPUTATION/DEFORMITY.** Anatomical deformity or amputation of hand(s) &/or feet or loss of major function.
- 7. MOBILITY-AIDED.** Disabilities requiring the permanent use of an AFO or larger leg brace, walker, or crutches to achieve mobility.
- 8. SIGHT DISABILITIES.** Result 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.
- 9. HEARING DISABILITIES.** Impairment due to deafness or hearing incapacity that makes it impossible to communicate or hear warning signals where the hearing loss is 70 dB(A) or greater in the 500, 1000, and 2000 Hz ranges.
- 10. INTELLECTUAL/DEVELOPMENTALLY DISABLED.** Subaverage general intellectual functioning originating during the developmental period or from illness or accident later in life associated with impaired adaptive behavior **which results in a reduced capacity to perform actions necessary for use of MTS's regular fixed-route services without receiving special training.**
- 11. AUTISM.** Monotonously repetitive motor behavior, severe withdrawal, inappropriate response to condition stimuli, and very inadequate social relationships.
- 12. NEUROLOGICAL DISABILITIES.** (1) Substantial functional motor deficits in any of two extremities, loss of balance and/or cognitive impairments 3 months post stroke; or (2) Difficulty with coordination, communication, social interaction and/or perception, functional motor deficits, or significantly reduced mobility that result from a brain, spinal, or peripheral nerve injury or illness. A specific diagnosis is required.
- 13. EPILEPSY.** Grand mal or psychomotor. Persons seizure-free for continuous period of six months disqualified.
- 14. MENTAL DISORDERS.** Individuals whose mental impairment substantially limits one or more of their major life activities AND are unable to use mass transit without special planning, design, or facilities. The following list, although not conclusive, are examples of eligible diagnoses. A principal diagnosis from DSM V classification in one of the following areas is required for eligibility: Organic Mental Disorders, Schizophrenic Disorders, Paranoid Disorders, Psychotic Disorders not elsewhere classified, Dissociative Disorders, Psychological Factors affecting physical condition, and Post-Traumatic Stress Syndrome. The severity must meet or exceed standards outlined in the "Disability Evaluation Under Social Security Publication." It must have been for at least 3 months and be expected to continue for at least 3 months past the application date.
- 15. LEARNING DISABILITIES:** An individual has a significant learning, perception, and/or cognitive disability **which results in a reduced capacity to perform actions necessary for use of MTS's regular fixed-route services without receiving special training.** Some conditions are **excluded** from eligibility, such as attention deficit disorder (ADD or ADHD), dyslexia, and lack of English proficiency. A specific diagnosis is required.

1. Licensed physician (MD or DO) or podiatrist
2. Licensed physician (MD or DO) or podiatrist
3. Licensed physician (MD or DO)
4. Licensed physician (MD or DO)
5. Licensed physician (MD or DO)
6. Licensed physician (MD or DO) or podiatrist
7. Licensed physician (MD or DO) or podiatrist
8. Licensed physician (MD or DO)
9. Licensed physician (MD or DO) or licensed audiologist*
10. Licensed physician (MD or DO), licensed psychologist*, or licensed psychiatrist*
11. Licensed physician (MD or DO), licensed psychologist*, or licensed psychiatrist*
12. Licensed physician (MD or DO), licensed psychologist*, or licensed psychiatrist*
13. Licensed physician (MD or DO), licensed psychologist*, or licensed psychiatrist*
14. Licensed physician (MD or DO), Licensed psychologist*, or licensed psychiatrist*
15. Licensed physician (MD or DO), licensed psychologist*, licensed psychiatrist*, or *certified school psychologist

SECTION 8. EXPLANATION OF REDUCED-FARE BENEFITS FOR INDIVIDUALS WITH DISABILITIES

As a recipient of federal funding, San Diego Metropolitan Transit System (MTS) is required, during nonpeak hours, to provide a discount fare to elderly and “handicapped persons” at a rate of not more than 50% of the regular, peak fare. Under this discount fare program, a “handicapped person” is defined as:

“... those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected.”

(See 49 U.S.C. § 5307(d) (reduced-fare requirement); 49 C.F.R § 609.23 (reduced-fare requirement); 49 C.F.R. § 609.3 (definition of “elderly and handicapped persons”). **Reduced fares are only provided to individuals with a qualifying medical disability. Reduced fares are not provided for socioeconomic purposes.**

Please note that pregnancy, obesity, drug or alcohol addiction, and certain other conditions, taken alone, do not qualify as disabilities eligible for MTS's reduced-fare program. (See 49 C.F.R. § 609, Appendix A). Federal transit laws provide for a reduced fare only to individuals with a disability that both meets the definition of a disability under the Americans with Disabilities Act (see 49 C.F.R. § 37.3 definition of “Disability”) and meets the requirement that because of the disability, the individual is unable, without special facilities, planning, or design, to utilize MTS's transit facilities or services as effectively as individuals without a disability. This means that an individual with a recognized disability may fall under the civil rights protections for access to transportation services but will not qualify for a reduced fare. (Compare 49 C.F.R. § 609.3 with 49 C.F.R. § 37.3.)

Therefore, to qualify for a reduced fare, the qualifying disability must result in a reduced capacity to perform actions necessary for the use of MTS regular fixed-route services without receiving special training or assistance. If the diagnosis listed on the Application does not clearly meet this standard, the certifying health care professional will be asked to provide a narrative description identifying the specific features of MTS fixed-route services that the applicant cannot use without special training or assistance. The “special training or assistance” must be different than the orientation required for all first-time users (disabled and nondisabled) of public transit. State law further extends the benefits of the federal reduced-fare program to the following individuals:

- (1) An individual who by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including, but not limited to, any individual confined to a wheelchair, 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 (see Cal. Pub. Util. Code § 99206.5);
- (2) An individual who has lost, or has lost the use of, one or more lower extremities or both hands, or who has significant limitation in the use of lower extremities, or who has a diagnosed disease or disorder which substantially impairs or interferes with mobility, or who is so severely disabled as to be unable to move without the aid of an assistant device (see Cal. Veh. Code § 295.5(a));
- (3) An individual who is blind to the extent that the person's central visual acuity does not exceed 20/200 in the better eye, with corrective lenses, as measured by the Snellen test, or visual acuity that is greater than 20/200 but with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees (see Cal. Veh. Code § 295.5(b));
- (4) An individual who suffers from lung disease to the extent of any of the following:
 - a. The individual's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter.
 - b. The individual's arterial oxygen tension (pO₂) is less than 60 mm/Hg on room air while the person is at rest (see Cal. Veh. Code § 295.5(c));
- (5) An individual who is impaired by cardiovascular disease to the extent that the person's functional limitations are classified in severity as class III or class IV based on upon standards accepted by the American Heart Association (see Cal. Veh. Code § 295.5(d));

- (6) A "disabled veteran," which means any individual who, as a result of injury or disease suffered while on active service with the armed forces of the United States, suffers any of the following¹:
- a. Has a disability which has been rated 100 percent by the Department of Veterans Affairs or the military service from which the veteran was discharged, due to a diagnosed disease or disorder which substantially impairs or interferes with mobility.
 - b. Is so severely disabled as to be unable to move without the aid of an assistant device.
 - c. Has lost, or has lost the use of, one or more limbs.
 - d. Has suffered permanent blindness, as defined in Section 19153 of the Welfare and Institutions Code. (see Cal. Veh. Code §295.7.)

(See Cal. Pub. Util. Code §99155(b) extending reduced fare transit benefits to the above-listed individuals.)

A temporary disability is defined as a qualifying disability (meeting the standards set forth above), which lasts more than 90 days. (See 49 C.F.R. §609, Appendix A, Question 2 and Cal. Pub. Util. Code §99206.5.)

An individual can prove eligibility for a reduced fare under this program by any one of the following:

- (A) Proof of a federal Medicare identification card.
- (B) Proof of a disabled placard or identification card issued by the California Department of Motor Vehicles.
- (C) Current Social Security Insurance award letter.
- (D) Proof of a North County Transit District disabled identification card.
- (E) A certification on an MTS application form by a qualified health care professional that the individual meets the requirements listed above. (Submit with application to obtain an MTS disabled identification card).

The information below can be submitted in support of proof of eligibility for a reduced fare under this program:

- (F) Current, signed letter from the Epilepsy Foundation.²
- (G) Current, signed letter from the San Diego Center for the Blind.²
- (H) Current signed letter from the San Diego Regional Center for the Developmentally Disabled.²
- (I) Current Individualized Education Program (IEP) from school for disabled students.³

(See SANDAG Comprehensive Fare Ordinance § 10.3; MTS Ordinance No. 4, § 4.2(B); Cal. Pub. Util. Code §99155.)

The List of Qualifying Disabilities included on MTS's Application for Reduced Fare is intended to identify disabilities that qualify for a reduced fare. This list is not intended to expand the list of individuals eligible for a reduced fare under state and federal law. MTS reserves the right to revise the List of Qualifying Disabilities at any time in order to conform its Reduced Fare Program to the requirements of state or federal law.

¹ MTS goes beyond this requirement and accepts veterans' disability ratings of 50 percent or greater. Qualifying disabilities, diseases, and conditions for veterans are encompassed under List of Qualifying Disabilities on page 4 of 6.

² If submitting a letter pursuant to options (F), (G) or (H) above, the letter must contain a certification equivalent to the one contained in the Physician's Statement of Medical Disability Eligibility (page 2 of the MTS Reduced Fare Application) and must be signed by the type of physician or specific licensed health care professional identified on the List of Qualifying Disabilities (page 4 of the MTS Reduced Fare Application).

³ An IEP can only be submitted to support a disability qualifying under Category 15 LEARNING DISABILITIES on the List of Qualifying Disabilities. The MTS Application for a Reduced Fare must be signed by a licensed medical doctor, licensed psychologist, or licensed school psychologist. Please refer to the description of a qualifying learning disability. Not all students on an IEP will qualify for an MTS reduced fare. The learning disability must result in a reduced capacity to perform actions necessary for the use of MTS regular fixed-route services without receiving special training or assistance. If the IEP does not clearly support this finding, the school psychologist will be asked to provide a narrative description identifying the specific features of MTS fixed-route services that the student cannot use without special training or assistance. The "special training or assistance" must be different than the orientation required for all (disabled and non-disabled) first-time users of public transit.