

## Informational 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 who have a qualifying disability and a transit-related impairment requiring special planning, facilities, or design.

Use the Short Form if you receive any of the following (do not use this Long Form):

- Senior (65 or older)
- Medicare
- SSI or SSDI
- MTS Access Eligibility
- DMV Disabled Eligibility

If you need to replace a lost or stolen MTS PRONTO Card picture ID, skip this form and call 619-595-5636 or visit the Transit Store.

### HOW TO APPLY:

1. Complete and sign Section 1: Applicant Information and Release.
2. Have your physician or licensed health care professional\* (see Section 3 for a list of authorized licensed health care professionals) who is currently treating you for the qualifying disability complete and sign Section 2: Physician Statement and Information.
3. Return the completed original application in person or by mail to:

**SDM Eligibility Office**  
**100 16<sup>th</sup> Street**  
**San Diego, CA 92101**

**PLEASE DO NOT SEND PAYMENT OR CASH TO THIS ADDRESS**

### NOTIFICATION OF DETERMINATION:

MTS will notify you by mail with a determination of your application within 15 working days **contingent upon full completion of information and verification by your physician or licensed health care provider.**

Until your application is approved, you must purchase a regular fare (cash or pass).

Inaccurate or incomplete information on the application, failure to provide identification, or inability to verify physician/licensed health care provider's certification may delay the processing of the application and/or result in an Incomplete determination.

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 submit a new application.

### IF YOUR APPLICATION IS APPROVED:

Bring the following when picking up an approved disabled PRONTO 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 check, commuter check voucher, Visa, or MasterCard)

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**SECTION 1: Applicant Information and Release**  
***All fields must be complete*****APPLICANT INFORMATION**

_____	_____	_____	_____
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Birth Month/Day/Year</b>
_____	_____	_____	_____
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
_____	_____	_____	(____) _____
			<b>Phone number with area code</b>

**CARD INFORMATION (check the appropriate box below)**

- New Card.** If you have not had an MTS Disabled ID Card before, check this box.
- Renewal Card.** If your MTS Disabled ID card is expiring, please check this box.

**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 Informational Sheet. I understand that until my MTS Disabled ID Card is approved, I will need to purchase the regular adult fare to use MTS's transit services.

\_\_\_\_\_  
**Original Signature** (copies/faxed/stamped signatures NOT accepted)

\_\_\_\_\_  
**Date of Signature**

**This page must be filled out BEFORE Section 2: Physician Statement and Information.**

## SECTION 2: Physician Statement and Information

All fields must be complete

**ONLY** THE TREATING \*PHYSICIAN/QUALIFIED HEALTH CARE PROFESSIONAL is authorized to fill out **ANY** portion Section 2. It must be complete or the application will be returned. Copies, faxed, or typed applications are not accepted and will result in an incomplete determination.

### PATIENT NAME & DISABILITY INFORMATION

**Patient Name:** \_\_\_\_\_

**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 <b>1-15</b>	Licensed Psychiatrist/Psychologist <b>10-15</b>
Audiologist: <b>9</b>	Podiatrist: <b>1, 2, 6, 7</b>
Certified School Psychologist: <b>15</b>	
Licensed physicians' assistants and nurse practitioners may certify in all categories in which they are licensed to diagnose.	

**Check all categories that apply below** (must meet criteria on "List of Qualifying Disabilities" on pg. 6):

- |  |  |
|--|--|
| <input type="checkbox"/> 1. NONAMBULATORY (Impairments requiring use of a wheelchair)<br><input type="checkbox"/> 2. ARTHRITIS (check applicable type[s] below)<br><input type="checkbox"/> Therapeutic Grade III <input type="checkbox"/> Functional Class III <input type="checkbox"/> Anatomical State III<br><input type="checkbox"/> 3. CARDIOPULMONARY/CARDIOVASCULAR DISEASE (see Section 3 for details)<br><input type="checkbox"/> 4. CEREBROVASCULAR ACCIDENT (ongoing debilitating) (see Section 3 for details)<br><input type="checkbox"/> 5. DIALYSIS (kidney dialysis machine in order to live)<br><input type="checkbox"/> 6. AMPUTATION/DEFORMITY (hands and/or feet or loss of major function)<br><input type="checkbox"/> 7. MOBILITY-AIDED<br>Permanent mobility device(s) used: _____<br><input type="checkbox"/> 8. SIGHT disability<br>Best corrected vision: RIGHT: _____ LEFT: _____ | <input type="checkbox"/> 9. HEARING disability (see Section 3 for details)<br>dB(A) loss: 500 Hz: _____ 1000 Hz: _____ 2000 Hz: _____<br><input type="checkbox"/> 10. INTELLECTUAL/DEVELOPMENTAL DISABILITY<br><input type="checkbox"/> 11. AUTISM<br><input type="checkbox"/> 12. NEUROLOGICAL DISABILITY<br>Specific diagnosis: _____<br><input type="checkbox"/> 13. EPILEPSY – Type: _____<br>Seizure-free continuous 6-mo period? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> 14. MENTAL HEALTH CONDITION<br>Principal diagnosis DSM 5: _____<br><input type="checkbox"/> 15. LEARNING DISABILITY<br>Specific Diagnosis: _____ |
|--|--|

1. **Is/are condition(s) controlled by medication(s)?**  Yes  No  Not taking medication

2. **Does the disability and/or health condition listed above affect the applicant's ability to use MTS facilities and/or transit services?**  Yes  No

**Continue**

## 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 and 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

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 fare transit card. Reduced fare ID cards are NOT ISSUED for socioeconomic purposes, pregnancy, obesity, drug and/or alcohol addiction, taken alone, or a condition that can be controlled through medication. 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 1)



For MTS Internal Use Only: Verified by \_\_\_\_\_

Date \_\_\_\_\_

Staff Initials \_\_\_\_\_

## SECTION 3: List of Qualifying Disabilities

**\*Licensed physicians' assistants and nurse practitioners may certify in all categories in which they are licensed to diagnose**

Qualifying Disability	*Licensed Professional Authorized to Complete Certification
1. <b>NONAMBULATORY</b> - Impairments (such as anatomical loss or paralysis) that require use of a wheelchair	Licensed physician (MD or DO) or podiatrist
2. <b>ARTHRITIS</b> – 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	Licensed physician (MD or DO) or podiatrist
3. <b>CARDIOPULMONARY/CARDIOVASCULAR DISEASE</b> – 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.	Licensed physician (MD or DO)
4. <b>CEREBROVASCULAR ACCIDENT</b> – Ongoing debilitating effects following occurrence of cerebrovascular accident (stroke) or cerebral palsy	Licensed physician (MD or DO)
5. <b>DIALYSIS</b> – Individual who must use a kidney dialysis machine in order to live	Licensed physician (MD or DO)
6. <b>AMPUTATION/DEFORMITY</b> – Anatomical deformity or amputation of hand(s) &/or feet or loss of major function	Licensed physician (MD or DO) or podiatrist
7. <b>MOBILITY-AIDED</b> – Disabilities requiring the permanent use of an AFO or larger leg brace, walker, or crutches to achieve mobility	Licensed physician (MD or DO) or podiatrist
8. <b>SIGHT DISABILITY</b> – Result in the better eye, after best correction, which is 20/200 or less; or individuals whose visual field is contracted to: a) 10 degrees or less from a point of fixation; or b) the widest diameter subtends an angle no greater than 20 degrees; and c) are unable to read information, signs, or symbols for other-than-language reasons	Licensed physician (MD or DO)
9. <b>HEARING DISABILITY</b> – 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	Licensed physician (MD or DO) or audiologist
10. <b>INTELLECTUAL/DEVELOPMENTAL DISABILITY</b> – Subaverage general intellectual functioning originating during the developmental period or from illness 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 special training	Licensed physician (MD or DO), psychologist, or psychiatrist
11. <b>AUTISM</b> – Monotonously repetitive motor behavior, severe withdrawal, inappropriate response to condition stimuli, and very inadequate social relationships	Licensed physician (MD or DO), psychologist, or psychiatrist
12. <b>NEUROLOGICAL DISABILITY</b> - (1) Substantial functional motor deficits in any of two extremities, loss of balance and/or cognitive impairments three months post stroke; or (2) Difficulty with coordination, communication, social interaction, and/or perception, functional motor deficits, or significantly reduced mobility that results from a brain, spinal, or peripheral nerve injury or illness.	Licensed physician (MD or DO), psychologist, or psychiatrist
13. <b>EPILEPSY</b> – Grand mal or psychomotor; Persons seizure-free for a period of six months are disqualified	Licensed physician (MD or DO), psychologist, or psychiatrist
14. <b>MENTAL HEALTH CONDITION</b> – Individuals whose mental impairment substantially limits one or more of their major life activities AND are unable to use mass transit without special planning, facilities, or design. The severity must meet or exceed standards outlined in the "Disability Evaluation Under Social Security Publication." It must have been present for at least three months and be expected to continue for at least three months past the application date.	Licensed physician (MD or DO), psychologist, or psychiatrist
15. <b>LEARNING DISABILITY</b> – 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 serves without receiving special training. Some conditions are excluded from eligibility, such as attention deficit disorder (ADD or ADHD) and dyslexia. Specific diagnosis required.	Licensed physician (MD or DO), psychologist, psychiatrist, or certified school psychologist

### SECTION 4: Explanation of Reduced Fare

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 special design to utilize mass transportation facilities and services as effectively as persons who are not 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 addition, and certain other conditions, taken alone, do not qualify as disabilities eligible for MTS’s reduced-fare program.** (See 49 C.F.R. § 609.23, Appendix A). Federal transit laws provide 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 or nondisabled) of public transit. State law further extends the benefits of the federal reduced fare program to the following individuals:

1. Any 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 measure by spirometry is less than one liter.
  - b. The individual’s arterial oxygen tension (pO<sub>2</sub>) 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 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 following:<sup>1</sup>
  - a. Has a disability which has been rated 100 percent by the Department of Veterans Affairs or the military service 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 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.<sup>2</sup>
- (G) Current, signed letter from the San Diego Center for the Blind.<sup>2</sup>
- (H) Current, signed letter from the San Diego Regional Center for the Developmentally Disabled.<sup>2</sup>
- (I) Current Individualized Education Program (IEP) from school for disabled students.<sup>3</sup>

(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.

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<sup>1</sup> 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 6 of 8.

<sup>2</sup> 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 (see page 4 of the MTS Reduced Fare Application).

<sup>3</sup> 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.