

Spokane Transit Reduced Fare Card for Senior Citizens and People who are Disabled



Enclosed in this brochure is a form that must be completed in order to apply for Spokane Transit's Reduced Fare Card. Because you will be issued a Reduced Fare Card, you must return the completed form, in person, to The Bus Shop at The Plaza, 701 West Riverside Avenue, Spokane, Washington.

What is it?

Spokane Transit's Reduced Fare Card is for senior citizens and people who are disabled who use public transportation. Displaying the Reduced Fare Card when boarding a bus entitles the individual to pay STA's existing reduced fare rate.

Who is eligible?

The STA Reduced Fare Card is available for use within the Spokane Transit service area to people who are 65 years of age or older; who present proof of a qualifying disability; or who have a valid Medicare card issued by the Social Security Administration.

How does it work?

The Reduced Fare Card is used as proof of eligibility to pay a reduced fare. The card has no cash value and must be shown to the bus operator each time the bus is boarded and the reduced fare is paid. The reduced fare may be paid by monthly pass, two-hour, or exact cash fare.

How much does it cost?

The original Reduced Fare Card costs \$2.00. Renewal of an expired card is \$2.00. Replacement cards are \$5.00 each.

How do I apply?

To qualify for a Reduced Fare Card, it will be necessary for you to complete a reduced fare application and obtain documentation that proves your eligibility.

The completed application and supporting documentation must be presented at The Bus Shop at The Plaza. Following the approval of your application, your photograph will be taken and your Reduced Fare Card issued. Identification cards are valid until the expiration date on the card.

Renewals

All Reduced Fare Cards must be renewed periodically. Individuals certified by approved health care providers as permanently disabled and individuals 65 years of age or older will not be required to obtain updated eligibility certification at the time of renewal. Prior to the expiration date on your card, you must come to The Bus Shop to obtain your new card. Renewal of a Reduced Fare Card is at the sole discretion of Spokane Transit.

Lost Cards

If your Reduced Fare Card is lost, please contact The Bus Shop at 328-RIDE (328-7433). You may need to provide a new application, new supporting documentation or have your photograph taken.



Section 1. Non-Ambulatory Disabilities

1. **Wheelchair User.** Impairments which, regardless of cause, require the use of a wheelchair for travel.

Section 2. Semi-Ambulatory 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/or other muscular/skeletal disabilities causing mobility restriction.
2. **Arthritis.** Persons whose arthritis causes a functional motor defect in any two major limbs. (American Rheumatism Association criteria may be used as a guideline for the determination of arthritic disability; Therapeutic Grade III, Functional Class III, or Anatomical State III or worse is evidence of arthritic disability.)
3. **Loss of Extremities.** Persons with dysmorphism 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 of two extremities; or
 - c. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.
5. **Respiratory.** Persons displaying respiratory impairment (dyspnea) of Class 3 or greater as defined by “Guides to the Evaluation of Permanent Impairment: The Respiratory System,” Journal of the American Medical Association, 194:919 (1965)
6. **Cardiac.** Persons displaying functional classifications 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 a kidney dialysis machine in order to live.
8. **Disorders of the Spine.** Persons who are disabled by one or more of the following:
 - a. Fracture of vertebrae, 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 of fracture of vertebra; or
 - c. Ankylosis or fixation of cervical or dorsolumbar spine at 30 degrees or more of a 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 whose disability is caused 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 whose disability is caused 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.** A person with HIV who meets Social Security eligibility criteria or who meets Washington State (GAU/Welfare) medical criteria.

Section 3. Visual Disabilities

1. Persons who are disabled because of:
 - a. Visual acuity of 20/200 or less in the better eye with correcting lenses; or
 - b. Contraction of visual field:
 - i. So the widest diameter of visual field subtending and 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 who are disabled because of hearing impairments manifested by one or more of the following:
 - a. Better ear pure tone average of 90 dB HL (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, and Hearing Association.

Section 5. Neurological Disabilities

1. **Epilepsy**
 - a. Persons who are disabled because of:
 - i. A clinical disorder involving impairment of consciousness characterized by uncontrolled seizures (grand mal or psychomotor) substantiated by EEG occurring more frequently than once per week in spite of prescribed treatment with:
 1. **Diurnal episodes** (loss of consciousness and convulsive seizure); or
 2. Nocturnal episodes which show residuals interfering with activity during the day; or
 3. A disorder involving petit mal or mild psychomotor

seizures substantiated by EEG occurring more frequently than once per week in spite of prescribed treatment with:

- a. Alteration of awareness or loss of consciousness; and
- b. Transient postictal manifestations of conventional or antisocial behavior.
- c. 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 Disability.** A person whose disability is caused by cerebral palsy, multiple sclerosis, muscular dystrophy, or other neurological and physical impairments not controlled by medication.

Section 6. Cognitive Disabilities

1. **Developmental Disabilities.** A person whose intellectual or developmental delay is characterized both by a significantly below-average score on a test of mental ability or intelligence and by limitations in the ability to function in areas of daily life, such as communication, social situations and self-care; 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 ongoing basis.

2. **Adult Cognitive Disability.** Persons who, occurring after age 18, experience ongoing impairment(s) in cognition that substantially limit one or more major life activities, including individuals who meet SSA, SSI or SSDI eligibility criteria.
3. **Autism.** Persons who are disabled because of a syndrome described as consisting of withdrawal, very inadequate social relationships, language disturbances, and monotonously repetitive motor behavior appearing generally before the age of six and characterized by severe withdrawal and inappropriate response to extended stimuli.

Section 7. Mentally Disordered Disabilities (Emotionally Disturbed)

Those persons diagnosed as substantially disabled by mental illness who meets one of the following criteria:

- a. Are living in a board and care home and receiving state or federal financial assistance and participate in a state or federally funded work activity center or workshop.
- b. Are living at home under supervision and participation in a state or federally funded state or federal work activity center or workshop.
- c. Are participating in any training or rehabilitation program established under federal, state, county or city governmental agencies.

Application for Spokane Transit Reduced Fare Card for Senior Citizens and People who are Disabled

Please Print

Name _____

Street _____

City _____ State _____ Zip Code _____

Date of Birth _____ Phone Number _____

Please provide the name and telephone number of a friend, relative or other contact person who does not live with you.

Name _____ Phone Number _____

For STA use only:

Approved Disapproved

By _____

Date _____

Card # _____

Exp. Date _____

S _____ D _____

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

I am 65 years of age or older. (Proof of age required. Include a photocopy of either a birth certificate, driver's license, Washington State ID Card or Medicare Card. A photocopy must be included with your application. Please do not send original documents. (Your application is complete; please sign at the bottom of this page.)

I am providing a valid Medicare Card. (Your application is complete; please sign at the bottom of this page.)

I am providing a current Third Party Query (TPQ) letter issued by the Social Security Administration as proof that I am receiving Social Security Benefits or Supplemental Security Income benefits due to disability. (Your application is complete, please sign at the bottom of this page.)

I am providing proof of current eligibility by the Veteran's Administration as having a disability of at least 40%. (Your application is complete; please sign at the bottom of this page.)

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

I have an obvious physical impairment(s) effectively such that I have difficulty in using public transportation without special planning, design or facilities. My impairment meets Section _____ Number _____ Letter _____ of the medical criteria listed in the Medical Eligibility Criteria. (Your application is complete; please sign at the bottom of this page.)

I am medically disabled effectively such that I have difficulty in using public transportation without special planning, design or facilities. My disability is certified by a Physician, Psychiatrist, Psychologist (Ph.D.), Audiologist, ARNP, or Physician Assistant, licensed in the State of Washington. (You and your health care provider need to complete the back of this form. Spokane Transit reserves the right to contact your Health Care Provider for verification.)

Applicant's Signature _____ Date _____

Upon request, alternative formats of this document will be produced for people with disabilities. Please call (509) 325-6094 or TTY (509) 232-6555 or email smillbank@spokanetransit.com.

Applicant's Release

I hereby authorize the physician or Health Care Provider to release any information necessary to complete this certification. I understand that this information is confidential and shall not be released by Spokane Transit Authority without my approval or a court order. I understand that Spokane Transit Authority 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 Program and may be subject to criminal prosecution in accordance with RCW 9A.72.085 and RCW 40.16.030.

Please Print

Name _____ Phone Number _____

Street _____

City _____ State _____ Zip Code _____

Applicant's Signature _____ Date _____

This section to be completed by one of the following Health Care Providers

Washington State-licensed:

- | | | |
|---|---|---|
| <input type="checkbox"/> Physician (MD or DO) | <input type="checkbox"/> ARNP | <input type="checkbox"/> MSW |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Psychologist (Ph.D.) |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Chiropractor | |
| <input type="checkbox"/> Certified Orientation and Mobility Specialist | <input type="checkbox"/> Recreational, Physical or Occupational Therapist | |
| <input type="checkbox"/> Audiologist (certified by the American Speech, Language and Hearing Association) | | |

Signatures of Health Care Providers other than those above will not be accepted.

Instructions:

1. The applicant must meet at least one of the criteria and conditions listed in the Medical Eligibility Criteria.
2. The Specific Medical Eligibility Criteria number must be noted in the space provided.
3. If Section 7 (emotionally disturbed) is used, this person must be diagnosed by you as substantially limited in one or more major life activities on an ongoing basis. The appropriate section (a, b, or c) 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 enrolled. *Note: An applicant's enrollment in a drug or alcohol rehabilitation program does not, in and of itself, meet the eligibility requirement.*
4. An applicant's economic status has no bearing.

This section to be completely filled out by the approved Health Care Provider:

I certify that _____ (applicant) meets the Medical Eligibility Criteria (Section Number) _____

If section 7 (a, b, or c), enter name of qualifying program: _____

Please check the appropriate boxes:

- The disability is temporary. If temporary, specify length of disability: _____ months.
- The disability is permanent.

Verification of Health Care Provider (Please Print)

Name _____ Phone Number _____

Provider or Agency Address _____

WA State License Number _____

Signature _____ Date _____

I understand that if any of the statements made on this application form are false or inaccurate, I may be subject to criminal prosecution in accordance with RCW 9A.72.085 and RCW 40.16.030