Attachment A

# Discount Fare Application

Santa Cruz Metro Center Information Booth
*920 Pacific Avenue, Suite 21, Santa Cruz, CA 95060*
*(831) 425-8600*
***Hours:*** *Mon-Fri 7:00 a.m. – 5:30 p.m.*

**Application Information** (PLEASE PRINT LEGIBLY): *__ONLY ORIGINAL APPLICATIONS WILL BE ACCEPTED__.

**Name:** ______________________, ______________________
Last name First name

**Mailing Address:** ______________ ______________ ______________ ______________
Street City State Zip

**Date of Birth:** ______________________

**Telephone number:** (______) ______________________ **Email address:** ______________________

☞ ***Note:*** *Fee payable by cash, check, money order or credit card.*

**Certification of Eligibility section** (Check only one box below):

| | |
|---|---|
| ☐ **Health Care Provider** | To qualify under this type of eligibility you must have the **Health Care Provider** |
| ☐ **CA Disabled ID** | To qualify, must present a valid Identification Card Receipt for a CA Disabled Parking Placard. |
| ☐ **S** | |
| ☐ **Disabled Veteran** | Must present VA Certification or Service Connected ID Card to qualify. |
| ☐ **V** | |
| ☐ **Medicare Card** | To qualify present Medicare Card and legal photo ID. |

I agree to release the information I am sending to Santa Cruz METRO for the purpose of making this application for a Discount Fare Card. I certify that the information I provide concerning my application is correct. I understand that Santa Cruz METRO reserves the right to require proof of disability in addition to this form. If applying for the Discount Fare Card, I agree to abide by the terms of the program (AR-1028), and photo ID Card. I give my consent for Santa Cruz METRO, or a Santa Cruz METRO designated Administrative Agency, to take and retain a copy of my photo. ***Santa Cruz METRO will not accept a photocopy or fax of this form.***

Signature of applicant:______________________ Date: ______________

# Discount Fare Application (Cont'd)

**Health care provider certification section:** This form is used for individuals with permanent or temporary disabilities. This also includes individuals who may need an attendant to ride Santa Cruz METRO service.

**Patient/applicant release:**

I authorize:________________________________to verify my disability if requested to do so by METRO.
(Name of certified/ licensed health care provider*)

Patient/applicant signature:________________________________________ Date: ____________

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***This portion to be completed by Licensed Health Care Provider ONLY!*** (see below)

Applicant's name: ________________________________

Applicant's date of birth: ________________________________

Health care provider's name: ______________________________

Title: ______________________________

State certification or license #:____________________Telephone number: _________________________

Email address: ______________________________

Address: ____________________________________________________________________________

I,____________________________________hereby certify that I have examined the patient listed above and it is my opinion that he/she is disabled due to illness, congenital malfunction or other incapacity that substantially limits one or more major life functions.

**His/Her Disability is:**

☐ **Permanent**

☐ **Temporary** (defined as impairment lasting not more than 12 months). Duration is months.

**Does the Patient's disability necessitate the use of a Personal Care Attendant when riding on Santa Cruz METRO service?**

☐ **Yes** ☐ **No**

The **Category number** of the disability is:________________________________________*(*Please select from Section 4.04- **Category Descriptions 1-19***).

*******************************************************************************

I certify that the above is correct and that I am legally certified and/or licensed in my state as a Healthcare Provider.

**Signature:**_____________________________________ **Date:**_________________________

Customer Service Staff may contact you forverification.

**ORIGINAL Completed Application** may be mailed to:

**Santa Cruz METRO Information Booth, 920 Pacific Station, Suite 21, Santa Cruz, CA 95060**