



## FIXED-ROUTE REDUCED FARE IDENTIFICATION CARD APPLICATION

This card is for seniors age 65 and above or individuals with a disability. This card will entitle you to a discounted fare on Simi Valley Transit's fixed-route bus system.

**Please print or type the section below:**

Name:		
Street Address:		
City:	Date of Birth:	
Phone:		
Do you use any of the following?: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/> Walker		
Do you require a Personal Care Attendant?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Person:		Relationship:
Address:	City:	Phone:
I hereby authorize the person listed below to release, to the City of Simi Valley, information about my disability in order to verify eligibility for a Fixed-Route Reduced Fare Identification Card. The information released will be used to determine eligibility for these services.		
Signature: _____		Date: _____

**The bottom portion of this application is only required for individuals with a disability.  
Please submit to your Physician for completion.**

I hereby certify that I am a licensed physician in the State of California. I believe that under the Eligibility Criteria (listed on back), Section _____ qualifies the applicant for a Fixed-Route Reduced Fare Identification Card to be used on Simi Valley Transit's fixed-route bus system.		
Is disability temporary?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, expected duration:
Physician's Name:	Physicians Signature:	
License No:	Phone:	
Business Address		
City:	State:	Zip Code:

**When Completed Please Mail to:  
City of Simi Valley/Transit  
2929 Tapo Canyon Road  
Simi Valley, CA 93063**

## ELIGIBILITY CRITERIA FOR DISABILITY CERTIFICATION/DIAL-A-RIDE SERVICES

- Section 1.** Visual impairment such that:
- a) Vision in better eye is 20/200 or less after best correction.
  - b) The visual field is contracted to 10° or less from a point of fixation or subtends an angle no greater than 20°.
- Section 2.** 50% bilateral hearing loss uncorrected by use of a hearing aid.
- Section 3.** Musculo-skeletal impairment such as muscular dystrophy, osteogenesis imperfecta, or severe rheumatism or arthritis of therapeutic Grade III, Functional Class III, or anatomical state III.
- Section 4.** Cardiovascular impairments resulting in marked limitation of physical activity. Less than ordinary physical activity causes fatigue, palpitation, dyspnea or anginal pain. Ordinary physical activity should be markedly restricted.
- Section 5.** Severe respiratory impairment in which shortness of breath does not appear during times of rest but does occur during ordinary daily activities such as stair climbing. At the time of upper respiratory illness, it may become severe enough to require hospitalization.
- Section 6.** Amputation of, or anatomical deformity (due to vascular or neurological deficits, traumatic loss or muscle mass or tendons, or x-ray evidence of bony or fibrous ankylosis joint subluxation) or instability of:
- a) Both hands
  - b) One hand and one foot
  - c) One lower extremity at or above tarsal region.
- Section 7.** Neurological disorder due to brain dysfunction, including autism, or damage to the central nervous system including cerebral palsy resulting in aberration of motor functions. Paralysis, in coordination, or functional motor deficit in any two limbs due to brain, spinal, or peripheral nerve injury, including paraplegia, quadriplegia, hemiplegia, etc.
- Section 9.** Emotional disturbance to the extent that applicant is living in a board and care facility, or at home under supervision, and participating in an activity center or workshop sponsored by a funded agency.
- Section 10.** Epilepsy (Convulsion disorder) involving impairment of consciousness which occur more frequently than once a month despite prescribed treatment.
- Section 11.** Any other handicap that you consider will restrict mobility. Please attach an explanation with the application.
- Section 12.** Mental Retardation.
- Section 13.** Applicant does not have any of the above disorders, and is not eligible.
- Exclusions:*
- Pregnancy
  - Obesity
  - Acute or chronic alcoholism or drug addiction
  - Contagious diseases