



APPLICATION FOR DISABLED RIDER DISCOUNT



APPLICATION INSTRUCTIONS:

1. All applicants must complete PARTS I and II
2. Applicants with a qualifying medical disability (see list of qualifying disabilities) must also complete PART III
3. Application may take up to three business days to process

PART I: APPLICANT INFORMATION (PLEASE PRINT LEGIBLY)

_____	_____	_____
Last Name	First Name	Date of Birth
_____		_____
Address		City, State, ZIP Code
_____		_____
Phone Number	Email	

APPLICANT CERTIFICATION

I certify under penalty of perjury under the State of California that the information provided concerning my application is true and correct.

_____	_____
Signature of Applicant	Date

PART II: ELIGIBILITY CRITERIA

Applicants are automatically eligible for a Via rideshare Disabled Discount if **ONE** of the forms of documentation are provided from the list of **1 through 4** below. **If you have one of the items listed 1 through 4 below, do not complete this application.** Applicants who cannot items 1 through 4 must use option 5 by completing this application form and obtaining a Doctor's verification (Section III).

1. A current Medicare card or a Medicare, SSI or SSDI award letter
 2. A current California Dept. of Motor Vehicles (OMV) disabled person or disabled veteran placard ID
 3. A valid Disabled Discount ID card issued by a local transit operator (Yolobus, SacRT, etc.)
 4. Proof of current ADA paratransit eligibility through a local transit operator (Yolobus, SacRT, etc.)
-
5. Qualifying medical disability (**must complete PARTS III and IV below**)
(Refer to page 3 for information on qualifying disabilities)

PART III: AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby authorize the release of the following medical information regarding my disability to the City of West Sacramento (City) and Via Transportation, Inc (Via). This information will only be used to verify my eligibility for a Disabled Rider discount. The City or Via has my express consent to contact my healthcare professional to confirm any information provided herein.

_____	_____	_____
Applicant Name	Applicant Signature	Date

PART III: HEALTHCARE PROFESSIONAL CERTIFICATION

Qualified healthcare professionals who may certify a disability included in the list of qualifying disabilities are (check one):

- Physician, Physician's Assistant, Nurse Practitioner (all impairments)
- Optometrist (visual impairment)
- Audiologist (hearing impairment)
- Podiatrist (mobility impairment)
- Clinical/School Psychologist (mental impairment)
- Psychiatrist (mental impairment)

HEALTHCARE PROFESSIONAL INFORMATION

Full Name

License Number and State

Address

Date Licensed Issued

City, ZIP Code, State

Phone Number

QUALIFYING DISABILITY INFORMATION

In the space below, please provide a **SPECIFIC** description of the nature of the disability and how the impairment(s) inhibits applicant's ability to utilize mass transportation facilities and services without special facilities, planning, or design (Please print LEGIBLY and provide sufficient detail or attach description on official letterhead form).

This disability is (check one): Permanent Temporary (lasting not more than 12 months; duration is _____ months).

Does the described disability necessitate that the applicant have an attendant to ride Via?

Yes No

HEALTHCARE PROFESSIONAL CERTIFICATION

I CERTIFY that I am legally licensed as a _____ in the State of California and the applicant has one or more of the disabilities described in the attached list of qualifying disabilities. I hereby declare under penalty of perjury under the State of California that the information I have provided is true and correct.

Signature of Healthcare Professional

Date

CITY OF WEST SACRAMENTO/VIA USE ONLY

Issued By: _____ Issued Date: _____ Expiration Date: _____

Healthcare Professional Certification Verified By: _____ Date: _____

DISABLED RIDER DISCOUNT QUALIFYING DISABILITIES

Under this program, people with disabilities may travel on the Via rideshare platform for half the regular fare at all times.

Who is eligible: For purposes of this program, a disabled person is defined as an individual who: 1) has a physical or mental impairment that substantially limits one or more major life activity and/or by reason of illness, injury, age, congenital malformation, or other permanent or temporary incapacity or disability 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, and 2) has a current record of such impairment, incapacity or disability.

To be eligible for a Disabled Rider discount, the applicant must possess one of the following disabilities:

DEVELOPMENTAL OR LEARNING DISABILITIES: An individual has a significant learning, perceptual and or cognitive disability. Some conditions are excluded from eligibility such as attention deficit disorder (ADD) and ADHD. A specific diagnosis is required. This includes autism and cerebral palsy, etc.

HEARING: Persons who have total deafness or are unable to hear with the aid of an assistance device on the level that meets the standards of the American National Standards Institute (ANSI), as determined by an audiometer.

MENTAL ILLNESS: Individuals whose mental illness includes substantial disorder of thought, perception, orientation, or memory impairing judgement and behavior. A specific diagnosis is required.

PHYSICAL: Persons who have any of the following physical disabilities:

- **Mobility:** Orthopedic impairments, amputations, or functional limitations where there is: 1) loss or significant impairment of one or both upper extremities; or 2) loss of significant impairment of one or both lower extremities; or 3) impairment of the trunk, back or spine that is a medically diagnosed disability which substantially limits one or more major life activities, impairs or interferes with mobility, or requires the aid of an assistance device for mobility.
- **Cardiovascular:** Severe cardiac impairment resulting from one of the three consequences of heart disease: 1) congestive heart disorder; or 2) ischemia with or without necrosis of heart muscle; or 3) conduction disturbances and/or arrhythmias resulting in cardiac syncope; or 4) chronic venous insufficiency, or peripheral arterial disease with intermittent claudication.
- **Respiratory:** Lung disease to such an extent that forced expiration volume at one second, when measured by spirometry, is less than one liter, or arterial oxygen tension (PO₂) is less than 60mm/HG on room air at rest.
- **Neurological:** Multiple sclerosis and other neurological disorders such as epilepsy and parkinsonian syndrome.
- **Chronic Progressive Debilitating Conditions:** An individual who experiences debilitating diseases, autoimmune deficiencies or progressive and uncontrollable malignancies, any of which are characterized by fatigue, weakness, pain and /or changes in mental status that impair mobility. A specific diagnosis is required.
- **Blind or Low Vision:** An individual is legally blind, whose visual acuity in the better eye, with correction is 20/200 or less, or who has tunnel vision to 10 degrees or less from a point of fixation or so the widest diameter subtends an angle no greater than 20 degrees. An individual has low vision, and whose visual acuity is in the range of 20/70 to 20/200 with best correction.

Who is not eligible:

People whose sole incapacity is pregnancy, obesity, acute or chronic alcoholism or drug addiction or have a contagious disease. Financial need is NOT a consideration.

How do I apply:

The Disabled Rider Discount Application must be submitted in person or by US Mail to:

**West Sacramento City Hall
Attn: Sarah Strand
1110 W Capitol Ave
West Sacramento, CA
95691**

PLEASE NOTE:

If you have a current Medicare card or Medicare award letter, current California Department of Motor Vehicles disabled person or disabled veteran placard identification card, valid disabled discount identification card issued by another transit operator or proof of current RT ADA paratransit eligibility, **you do not need to complete this application.**

If you don't have any of these forms of documentation, you must complete parts I and II and have a qualified Healthcare Professional complete part III.