



Reduced Fare Card Application Section A: Applicant Information

Applicant – please print legibly

Today's Date: _____

Last Name First Name Middle Initial

Street Address Apartment/Unit#

City State ZIP Code

(_____) _____
Telephone Number Date of Birth (dd/mm/yy)

If 62 or older, please provide only:

- Copy of government Issued Photo ID with proof of age

If younger than 62 and disabled, please provide:

- Copy of government Issued Photo ID

PLUS a copy of any ONE of the following documents (Please check the box for the document included):

- Medicare Card
- Disabled ID card from another transit agency
- Department of Motor Vehicles Disability ID Placard or receipt
- Eligibility document for SSI, SSD, or SSDI.
- Medical Verification of Disability Form (see Section B)
- Other: _____

Optional: Check all of the boxes that apply to you:

- I require a Personal Care Assistant
- I require the use of a service animal
- I use a mobility device such as a wheelchair or electric scooter
- Although I do not use a wheelchair, I still require the assistance of wheelchair lift to board the bus.



Please Submit Application to:

Kern Transit
2700 M Street, Suite 400
Bakersfield, CA 93301
Fax: 661-862-8851
Email: transit@kerncounty.com



Section B: Doctor or Health Care Professional Verification of Disability

Required only if no other documentation is available as proof of disability.

Medical Release Consent

In connection with my application for a Kern Transit Reduced Fare ID Card, I, (Name of Applicant)

_____ hereby authorize (Name of doctor or health care professional) _____ to release medical information that pertains to my disability to Kern Transit. I understand that the information released will solely be used to certify my eligibility as a disabled person. I understand that I have a right to receive a copy of this authorization and that I may revoke it at any time.

Applicant's Name (Print) _____ Applicant's Signature _____ Date _____

Doctor/Health Care Professional Information

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ Suite # _____

City _____ State _____ ZIP Code _____

(_____) Telephone Number _____ State Professional License # _____

Check the box that applies:

- I certify that the applicant meets the definition of "disabled" as defined by The Federal Transit Administration (FTA), California Code Section 99206.5 or Section 295.5 of the Vehicle Code (see attached).
- The applicant does NOT meet the definition of "disabled" as defined by The Federal Transit Administration (FTA), California Code Section 99206.5 or Section 295.5 of the Vehicle Code (see attached).

Please note the duration of applicant's disability:

- 3 Months (minimum)
- 1-3 Years
- Other: _____

Reduced fare cards will not be issued for disability lasting less than 3 months.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: _____ Date: _____

Guidance for Doctors or Healthcare Professionals Completing Verification of Disability

The Federal Transit Administration's (FTA) definition of Disabled:

"Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment."

California Code Section 99206.5

"Disabled person" means 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.

As used in this section, a temporary incapacity or disability is an incapacity or a disability which lasts more than 90 days."

Section 295.5 of the Vehicle Code:

(a) Any person 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 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.

- (b) Any person 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.
- (c) Any person who suffers from lung disease to the extent of any of the following:
- (1) The person's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter.
 - (2) The person's arterial oxygen tension (pO₂) is less than 60 mm/Hg on room air while the person is at rest."
- (d) Any person 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