



## Reduced Fare Card Application

for Seniors (62+) and  
Persons with Disabilities



### Please Submit Application to:

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

### For more information contact:

**661-862-5032**

**KernTransit.org**

## **Kern Transit Reduced Fare Card Application For Seniors and Persons with Disabilities**

Kern Transit is pleased to offer a free reduced fare photo identification card for seniors and persons with disabilities. The card provides seniors and persons with disabilities convenient proof of eligibility for discounted bus fares.

To be eligible for the discounted bus fare, you must be 62 years of age or older and/or meet the Federal Transit Administration's (FTA) definition of disability "with respect to an individual". For details about what constitutes a disability, please see page 4.

In order to receive a reduced fare card, ALL of the following documents must be submitted to Kern Transit.

1. A completed application.
2. A copy of a valid government issued identification card containing a photograph and date of birth.
3. A color photo of the applicant for use on your ID card (photos are non-returnable).
4. **IF YOU ARE YOUNGER THAN 62 AND WISH TO BE ELIGIBLE DUE TO DISABILITY:** Proof of eligibility due to disability.

### **Details for Applicants:**

1. See Application form attached
2. A valid government issued identification card is one such as a driver's license, state issued identification card, student ID or passport.

3. The color photo must show head, shoulders and be front view facing camera. Photo should be taken against a plain white or light background. Do not wear hats, scarves, sunglasses, or headbands that obscure features. (NOTE: If the applicant wears a head covering for religious reasons, or shaded glasses due to a vision impairment, submit a note with your photo and it will be accepted.)
4. For proof of eligibility due to disability, Kern Transit will accept a Medicare card, a current disabled ID card from another transit or paratransit service, Department of Motor Vehicles disability placard ID or receipt, current SSI, SSD, or SSDI eligibility document.

If none of the items above are available as proof of eligibility, the certification section of this form (Section B) must be completed by a doctor or a health care professional. All medical information and nature of disability will remain confidential. Upon receipt of this application, we will review all documents and take the photo provided for our records.

Upon approval, a photo ID will be mailed to the applicant. Upon denial of eligibility, applicant will be notified by mail.

The application process is free. However, there will be a \$3.00 fee for replacement cards.



# Reduced Fare Card Application Section A: Applicant Information

**Applicant – please print legibly**

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Mailing 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.



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# 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 (pO<sub>2</sub>) 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

## Determination of Eligibility

### Notice of decision

Within 21 days of the receipt of an application, Kern Transit will notify the applicant of their decision regarding the request for reduced fare eligibility. This notification will be in writing. If the applicants request for a Reduced Fare ID Card is refused, the specific reasons for this decision will be included in the written notice.

### Appeal Process

If an application for eligibility is denied by Kern Transit, an appeal will be accepted for up to 60 days after notification of denial. After 60 days, a new application and documentation (if necessary) will be required.

## Guidelines for Riders with Disabilities

### Proof of Eligibility

The Kern Transit Reduced Fare Card **MUST** be shown to the Kern Transit bus operator as proof of eligibility for a reduced fare.

### Policy for Visitors

Visitors from outside Kern Transit area will be allowed use of the service at a reduced rate as long as they can produce documentation of eligibility or documentation of eligibility by another transit agency.

## Rules for Service Animals

Under Department of Transportation (DOT) Americans with Disabilities Act (ADA) regulations at 49 C.F.R. Section 37.3, “service animal” is defined as “any guide dog, signal dog, or other animal individually trained to work or perform tasks for an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items.”

Service animals are welcomed in the buses but must be kept under the control of the rider and not pose a direct threat to the health or safety of others.

A comfort animal is NOT considered a service animal. Although Kern Transit is not obligated to accommodate comfort animals, it reserves the right to do so at its own discretion.

### Personal Care Attendant

A personal care attendant, which is required in order to travel, will not be charged a fare. A friend or relative who is not a personal care attendant will be required to pay the normal fare.