

# REDUCED FARE ID CARD APPLICATION

**Persons with disabilities** are entitled to a discounted fare on Gold Coast Transit District (GCTD) fixed-route bus service. The GCTD Reduced Fare ID Card, a Medicare card or ADA Paratransit ID card must be shown to the driver each time you board the bus to qualify for reduced fare. If proper ID is not shown, the reduced fare discount does not apply. *(If you are not disabled but are 65 yrs old and over, you are eligible for a reduced fare ID card and you do not need to complete this application.)*

Completed applications **MUST BE RETURNED IN PERSON** by the applicant to the GCTD Customer Service Center, 1901 Auto Center Drive, Oxnard, CA. **Incomplete applications will not be accepted.** A photo will be taken for the identification card at that time.

## SECTION 1: To be completed by the applicant or by someone on the applicant's behalf.

Please print legibly or type. All fields must be completed.

APPLICANT'S NAME

ADDRESS (INCLUDE APT. #)

CITY

STATE

ZIP CODE

PHONE NUMBER

BIRTHDATE

EMERGENCY CONTACT PERSON

RELATIONSHIP

PHONE NUMBER

I hereby authorize the person listed in Section 2 of this application to release to Gold Coast Transit District medical, or other pertinent information, about my disability. The information released will be used solely to determine my eligibility for this Reduced Fare ID Card.

APPLICANT'S SIGNATURE

DATE

## SECTION 2: To be completed by a physician or licensed medical professional, licensed optometrist (for visual impairments), or counselor/social worker (representing a recognized organization for persons with disabilities). Please print legibly or type. All fields must be completed.

I hereby certify that the applicant qualifies under **Criteria Number(s)** \_\_\_\_\_ (list all that apply), as listed on the **other side of this application**, for the GCTD Disability Identification Card.

The disability is: (check one) \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary, and the expected duration is: \_\_\_\_\_

I am legally **licensed** as a \_\_\_\_\_ in the State of California and hereby declare that the information provided is true and correct.

NAME

SIGNATURE

LICENSE #

DATE

ORGANIZATION NAME

PHONE NUMBER

BUSINESS ADDRESS

CITY

STATE

ZIP CODE

Return this form to the applicant.



# ELIGIBILITY CRITERIA

**Applicant's disability must meet one of the following criteria to qualify for the Reduced Fare Identification Card entitling the applicant to a reduced fare on GCTD fixed-route buses.**

1. Visual impairment such that, after best correction, vision in the better eye is 20/200, or less; or the visual field is contracted to 10 degrees or less from a point of fixation or subtends to an angle no greater than 20 degrees.
2. Hearing impairment such that there is a 50% bilateral hearing loss uncorrected by use of a hearing aid.
3. Musculoskeletal impairment such as muscular dystrophy, osteogenesis imperfecta, or severe rheumatism or arthritis of Therapeutic Grade III or worse, Functional Class III or worse, or Anatomical Grade III or worse.
4. Cardiovascular impairment 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.
5. 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 or walking more than 200 feet. At the time of upper respiratory illness, it may become severe enough to require hospitalization.
6. Amputation, anatomical deformity (due to vascular or neurological deficits), traumatic loss of 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, or (c) amputation of one lower extremity at or above the tarsal region.
7. Paralysis, incoordination, or functional motor deficit in any two limbs due to brain, spinal, or peripheral nerve injury, including paraplegia, quadriplegia, and hemiplegia.
8. A developmental disability that is manifested before the person reaches 22 years of age, which constitutes a substantial disability to the affected individual, and is attributable to an intellectual disability or related conditions, or other neurological conditions.
9. Emotional disorder due to the presence of mental illness, to the extent that applicant has significant impairment and/or symptoms which hinder their daily living, including schizophrenia, clinical depression, bi-polar and anxiety disorders.
10. Any other disability that restricts the applicant's mobility. Please attach an explanation with this application.

**The following conditions do not qualify the applicant:**

- pregnancy
- obesity
- acute or chronic alcoholism or drug addiction
- contagious diseases

Eligibility questions should be directed to the Customer Service Office at 805-487-4222.  
(TDD 711 CA Relay Service)