



133 "V" Street  
Eureka, CA 95501

*A Public Entity Serving Humboldt County Since 1976*

P: (707) 443-0826  
F: (707) 443-2032

**SUBJECT: Humboldt Transit Authority Reduced Fare Identification Card**

Attached is a copy of the application for a Humboldt Transit Authority Reduced Fare Identification Card and Eligibility Criteria to determine eligibility.

Please complete the "Applicant Complete" section of the application. Sign and date the application at the bottom of the form when you are finished. Leave the "Physician Complete" section blank. Take the physician's portion of the application along with the supporting documents attached to your local family doctor for verification.

Upon completing both the Applicant and the Physicians portion of the application, call HTA at (707) 443-0826 for an appointment to bring your application in and to have a Reduced Fare Identification Card created.

Please note that the Humboldt Transit Authority issues two types of Reduced Fare Identification Cards. One is for those with a permanent disability that is active for five (5) years, and the other is for those with a temporary disability of more than six (6) months duration that is good for one (1) year. The expiration date will be printed on the card. If you find that your disability extends beyond the date indicated on the card, another application will need to be filled out and completed before the expiration date.

Humboldt Transit Authority will take your identification photo and issue you a Reduced ID card (usually while you wait). A \$5.00 fee does apply before the card is created which can be paid by cash, check, or credit. HTA will also require another \$5.00 fee for any ID card that is lost, stolen, mutilated, or ruined for any other reason before its normal date of expiration.

Humboldt Transit Authority will honor any Reduced Fare Identification Cards issued by another Transit Agency. You will be required to complete the application process to apply for a new Reduced ID card when the card expires.

**Please read application carefully and answer all questions.**

Your continued patronage is sincerely appreciated.

***HUMBOLDT TRANSIT AUTHORITY***

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(707) 443-0826

# HUMBOLDT TRANSIT AUTHORITY

## Application for Reduced Fare Identification Card

This form is divided into three (3) parts.

Part A: To be completed by Applicant

Part B & C: To be completed by a Licensed Physician under the California Medical Practices Act to diagnose a disability for which the Applicant seeks certification.

**ALL PARTS OF THIS FORM MUST BE COMPLETED TO BE PROCESSED**

### ***PART A: Applicant Application***

DATE: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: (Circle One) **MALE** **FEMALE**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYMENT STATUS: (Circle One)

**FULL TIME** **PART TIME** **RETIRED** **UNEMPLOYED**

OTHER: \_\_\_\_\_

Have you previously had an Humboldt Transit Authority Reduced Identification ID card?  
(Circle One): **YES** **NO**

If yes, when: \_\_\_\_\_

***The information on this form remains confidential with Humboldt Transit Authority***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# HUMBOLDT TRANSIT AUTHORITY

## Application for Reduced Fare Identification Card

### *PART B: Physician's Certification Application*

The following is to be completed by a Licensed Physician under the California Medical Practices Act to diagnose a disability for which the Applicant seeks certification.

**ALL PARTS ON THIS FORM MUST BE COMPLETED TO BE PROCESSED**

DATE: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ meets the criteria for eligibility of Humboldt Transit Authority's Reduced Fare Identification Card program.

DISABILITY SECTION CODE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF SECTION 17, LIST DSM III PRIMARY CLASSIFICATION NUMBER: \_\_\_\_\_

HOW LONG HAS APPLICANT BEEN YOUR PATIENT: \_\_\_\_\_

LENGTH OF DISABILITY: \_\_\_\_\_

(If temporary, please list number of months. No less than 3 months, nor more than 36 months)

SHOULD THIS PERSON HAVE AN ATTENDANT WHILE USING THE BUS: (Circle one)

**SERVICE ANIMAL**

**CARE ATTENDANT**

**NOT NEEDED**

### **PART C:**

Physicians Full Name: \_\_\_\_\_

LICENSE OR BOARD NUMBER:

DATE OF ACCREDITATION:

TELEPHONE NUMBER:

STREET ADDRESS:

*The information on this form remains confidential with Humboldt Transit Authority*

*I certify that the information above is true and correct. I am legally licensed under the California Medical Practices Act to diagnose this Applicants Disability.*

Signature of Certifying Physician: \_\_\_\_\_

## ELIGIBILITY CRITERIA FOR DISABLED CERTIFICATION

To the Physician:

Discount fares are available to disabled persons who are certified as meeting one or more of the criteria below. To certify an individual as disabled for discount fare eligibility, please observe the following procedure:

1. Determine if the person meets the criteria described below, based on appropriate medical records. Enter the criteria section number in the appropriate blank of the certification statement on the application. Circle whether the disability is permanent or temporary. In order to be eligible for a temporary Reduced Fare Identification Card, the disability must meet the criteria, resulting in disability for a period of six months or longer.
2. Print or type your name, physician's license number, business address, telephone number, and sign the application in the physician's signature box.

Individuals meeting the definitions described in this Guide are eligible for certification for the Humboldt Transit Authority Discount Card Program.

### A. PHYSICAL DISABILITIES

- Section 1 Non-Ambulatory Disabilities
- Section 2 Mobility Aids
- Section 3 Arthritis
- Section 4 Amputation
- Section 5 Cerebrovascular Accident (Stroke)
- Section 6 Pulmonary Ills
- Section 7 Cardiac Ills
- Section 8 Dialysis
- Section 9 Sight Disabilities
- Section 10 Hearing Disabilities
- Section 11 Disabilities of Incoordination

### B. DEVELOPMENTAL DISABILITIES

- Section 12 Mental Retardation
- Section 13 Cerebral Palsy
- Section 14 Epilepsy
- Section 15 Autism
- Section 16 Neurological Disability

## C. MENTAL DISABILITIES

Section 17 Mental Disorders

## D. OTHER ELIGIBLE INDIVIDUALS

Section 18 Veterans

### ELIGIBILITY CRITERIA FOR DISCOUNT FARE

If an individual has been denied a State of California driver's license on the basis of Section 3 (Arthritis), Section 9 (Sight Disabilities), Section 10 (Hearing Disabilities), or Section 14 (Epilepsy), as described in this brochure, he/she with proof of such denial from the State of California Department of Motor Vehicles shall be considered eligible for a Humboldt Transit Authority Discount Card.

### A. PHYSICAL DISABILITIES

Section 1 – (Non-Ambulatory Disabilities)

Impairments that, regardless of cause, require individuals to use a wheelchair for mobility.

Section 2 – (Mobility Aids)

Impairments that cause individuals to walk with significant difficulty including individuals using a leg brace, walker, or crutches to achieve mobility.

Section 3 – (Arthritis)

Musculo-skeletal impairment such as muscular dystrophy, osteogenesis imperfecta or rheumatism restrictions; such as therapeutic Grade III, functional Class III or anatomical State III.

Section 4 – (Amputation)

Persons who suffer amputation of, or anatomical deformity of (i.e., loss of major function due to degenerative changes associated with vascular or neurological deficits, traumatic loss of muscle mass or tendons and X-ray evidence of bony or fibrous ankylosis at an unfavorable angle, joint subluxation or instability):

- a. Both hands; or
- b. One hand and one foot; or
- c. Amputation of lower extremity at or above the tarsal region (one or both legs).

## Section 5 – (Cerebrovascular Accident – Stroke)

With one of the following:

- a. Pseudobulbar palsy; or
- b. Functional motor deficit in any of two extremities; or
- c. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.

## Section 6 – (Pulmonary Ills)

Respiratory impairments of Class 3 or greater.

### Class 3

Dyspnea does not occur at rest but does occur during the usual activities of daily living. However, the patient can walk a mile at his own pace without dyspnea although he cannot keep pace on the level with others of the same age and body build. Percent of disability 40-50%.

### Class 4

Dyspnea occurs during such activities as climbing one flight of stairs or walking 100 yards on the level, or less exertion or even at rest.

### Class 5

Dyspnea present on slightest exertion, such as dressing, talking, at rest.

## Section 7 – (Cardiac Ills)

Cardiovascular impairments of functional Class III, IV or therapeutic Class C, D, or E:

### Functional Classification

#### Class III

Individuals with cardiac disease resulting in marked limitations of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea, or original pain. For instance, inability to walk one or more level blocks or climbing a flight of ordinary stairs.

#### Class IV

Individuals with cardiac disease resulting in inability to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency or of the original syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

#### Therapeutic Classification

##### Class C

Individuals with cardiac disease whose ordinary physical activity should be moderately restricted, and whose more strenuous efforts must be discontinued.

##### Class D

Individuals with cardiac disease whose ordinary physical activity is markedly restricted.

##### Class E

Individuals with cardiac disease who should be at complete rest, confined to bed or chair.

#### Section 8 – (Dialysis)

Individuals whose disability requires the use of a kidney dialysis machine.

#### Section 9 – (Sight Disabilities)

Those individuals whose vision in the better eye after best correction is 20/200 or less; or those individuals whose visual field is contracted (commonly known as tunnel vision).

- a. to 10 degrees or less from a point of fixation, or
- b. so the widest diameter subtends an angle no greater than 20 degrees.

Individuals who are unable to read information signs or symbols for other than language reasons.

#### Section 10 – (Hearing Disabilities)

Deafness or hearing incapacity that makes an individual unable to communicate or hear warning signals, including only those persons whose hearing loss is 70 dba or greater in the 500, 1000, 2000 Hz ranges.

#### Section 11 – (Disabilities of Incoordination)

Individuals suffering faulty coordination or palsy from brain, spinal or peripheral nerve injury and any person with a functional nerve injury and any person with a functional motor deficit in any two limbs or who suffers manifestations which significantly reduces mobility, coordination and perceptiveness not accounted for in previous categories.

## B. DEVELOPMENTAL DISABILITIES

### Section 12 – (Mental Retardation)

Refers to subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior (a general guideline is an IQ which is more than two standard deviations below the norm).

### Section 13 – (Cerebral Palsy)

A disorder dating from birth or early infancy, nonprogressive, although if not treated, there is marked regression in functioning characterized by examples of aberrations of motor functions (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensor disorders, seizures, mental retardation, learning difficulty and behavioral disorders.

### Section 14 – (Epilepsy/Convulsive Disorders)

Clinical disorders involving impairment of consciousness, motor seizures (grand mal or psychomotor) substantiated by EEG, occurring more frequently than once a month in spite of prescribed treatment, with:

- a. Diurnal episodes (loss of consciousness and convulsive seizure); or
- b. Nocturnal episodes which show residual interfering with activity during the day.

### Section 15 – (Infantile Autism)

A syndrome described as consisting of withdrawal, very inadequate social relationships, language disturbance, and monotonously repetitive motor behavior. Many children with autism will also be seriously impaired in general intellectual functioning.

### Section 16 – (Neurological Handicap)

A syndrome characterized by learning, perpetual and/or behavioral disorders of an individual whose IQ is not less than two standard deviations below the norm. These characteristics exist as a result of brain dysfunction (any disorder in learning or using the senses), whether due to genetic, hereditary, accident, or illness factors. This section includes persons with severe gait problems who are restricted in mobility.



## C. MENTAL DISABILITIES

### Section 17 – (Mental Disorders)

Individuals whose mental impairment substantially limits one or more of their major life activities. This includes inability to learn, work or care for oneself. A principal diagnosis from the DSM III classification in one of the following areas is required for eligibility:

Organic Mental Disorders

Schizophrenic Disorders

Paranoid Disorders

Psychotic Disorders

Affective Disorders

Somata Form Disorders

Dissociative Disorders

Adjustment Disorders

Psychological Factors Affecting Physical Condition

**NOTE:** If a person's disorder is in remission or primacy, incapacity is acute, or chronic alcoholism or drug addiction, they will be specifically excluded from discount fare eligibility.

## E. OTHER ELIGIBLE INDIVIDUALS

### Section 18 – (Veterans)

Any veteran who holds a disability rating for aid and attendance, housebound or permanent and total rated at the 50% level or higher is immediately eligible for a fare discount and the criteria section number requirement is waived on the Certificate Form.

All other veterans are subject to the above Eligibility Criteria. Any veteran wishing to apply for certification under the Veterans Administration waiver must include his or her VA file number on the Certificate Form and bring in a copy of the VA certification when submitting the form. Veterans must fill in the top part of the Discount Card form.

