

Regional Reduced Fare Permit for Senior and Disabled Persons

Medical Eligibility Criteria and Conditions



Available in Accessible Format

May 2016

Clallam Transit

Community Transit

Everett Transit

Intercity Transit

Jefferson Transit

*King County
Metro Transit*

*King County
Water Taxi*

Kitsap Transit

Mason Transit

Pierce County Ferries

Pierce Transit

Skagit Transit

Sound Transit

WSDOT Ferries Division (WSF)

Whatcom Transportation Authority

Regional Reduced Fare Permit — Applicant Information

What is it?

The Regional Reduced Fare Permit simplifies travel for senior and disabled riders of public transportation around Puget Sound. The following public transportation systems in the Puget Sound region recognize this identification card:

- **Clallam Transit • Community Transit • Everett Transit • Intercity Transit**
- **Jefferson Transit • King County Metro Transit • King County Water Taxi**
- **Kitsap Transit • Mason Transit • Pierce County Ferries • Pierce Transit**
- **Skagit Transit • Sound Transit • Washington State Ferries**
- **Whatcom Transportation Authority**

With the Regional Reduced Fare Permit, eligible persons do not need to carry more than one permit to receive the reduced-fare benefits of multiple systems within the region.

Who is eligible?

Any person who presents proof of one of more of the following conditions can obtain a Regional Reduced Fare Permit (the agencies reserve the right to contact your Health Care Provider for verification).

Permanent Permit:

1. Is at least 65 years of age.
2. Is currently certified by the Veterans Health Administration at a 40% or greater disability level.

Temporary Permit:

3. Is now eligible for Social Security Disability Benefits or now receives Supplemental Security Income Benefits because of disability. (Applicant must show current award letter.)
4. Has a valid Medicare card issued by the Social Security Administration.
5. Has a valid ADA Paratransit card from outside the region.
6. Is currently participating in a vocational career program with the Washington State Individual Educational Program (IEP).
7. Has a Washington Department of Licensing issued disabled parking identification in conjunction with a government issued photo identification.

Permanent or Temporary Permit (case-by-case):

8. Has a valid Regional ADA Paratransit card.
9. Has obvious physical impairments meeting one or more of the medical criteria listed to the right.
10. Is certified by a Washington state-licensed Physician (M.D.), Psychiatrist, Psychologist (Ph.D.), Physician's Assistant (P.A.), Advanced Registered Nurse Practitioner (A.R.N.P.), Audiologist certified by the American Speech–Language–Hearing Association, or Osteopathic Physician (D.O.) as meeting one or more of the medical criteria listed to the right.

Where is it issued?

Any eligible person may apply for a Regional Reduced Fare Permit at the customer service offices of any of the participating transit agencies. King County Water Taxi, Pierce County Ferries, Sound Transit and Washington State Ferries do not issue the permits but will honor those issued by any of the other systems.

How long is it valid?

Permits issued to persons 65 or older and to persons permanently disabled will be valid indefinitely. No renewal is necessary. Persons with disabilities that will last up to five years may receive temporary permits. If documentation does not include an expiration date, the RRFPP will be valid for three years. These permits, which carry an expiration date, may be renewed only if the disability continues beyond that date. Persons certified by approved health care providers as permanently disabled may receive permanent permits. Participating agencies retain the right to ask for certification upon loss of a permit or at any other time.

What does it cost?

An individual must pay a fee of \$3.00 to obtain the permit. Replacement permits may be obtained from the issuing agency for \$3.00.

How does it work?

The permit is an identification card used as proof of eligibility to pay a reduced fare. The permit has no cash value and may not be used as a transfer between systems, **except** in cases where ORCA was used to pay a fare. If using ORCA, standard ORCA transfer rules apply. The permit holder must pay the amount of the reduced fare on each system used, and use of the permit is subject to any time restrictions in effect by each system.

Questions?

If you have comments or questions regarding the Regional Reduced Fare Permit, please contact your local agency. Participating agencies are listed on the last page of this brochure.

Title VI Notice: All participating agencies in the RRFPP program fully comply with Title VI of the Civil Rights Act of 1964 and related statutes and regulations in all programs and activities. For more information, or to obtain a Title VI Complaint Form, please contact the appropriate agency.

Health Care Provider — Medical Eligibility Criteria

Section 1. Non-Ambulatory Disabilities

- 1. Wheelchair-User.** Impairments which, regardless of cause, confine individuals to wheelchairs.

Section 2. Semi-Ambulatory Physical Disabilities

- 1. Restricted Mobility.** Impairments which cause individuals to walk with difficulty including, but not limited to, individuals using a long leg brace, a walker or crutches to achieve mobility, or birth defects and other muscular/skeletal disabilities, including dwarfism, causing mobility restriction. Persons currently undergoing chemotherapy or radiation treatment are considered eligible for a reduced fare permit under this subsection.
- 2. Arthritis.** Persons who suffer from arthritis causing a function motor defect in any two major limbs. (American Rheumatism Association criteria may be used as a guideline for the determination of arthritic handicap; Therapeutic Grade III, Functional Class III, or Anatomical State III or worse is evidence of arthritic handicap.)
- 3. Loss of Extremities.** Persons who suffer anatomical deformity of or amputation of both hands, one hand and one foot, or lower extremity at or above the tarsal region. Loss of major function may be due to degenerative changes associated with vascular or neurological deficiencies, traumatic loss of muscle mass or tendons, bony or fibrous ankylosis at unfavorable angle, or joint subluxation or instability.
- 4. Cerebrovascular Accident.** Persons displaying one of the following, four months post-CVA:
 - a. Pseudobulbar palsy; or
 - b. Functional motor defect in any two extremities; or
 - c. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.
- 5. Respiratory.** Person suffering respiratory impairment (dyspnea) of Class 3 or greater as defined by "Guidelines to the Evaluation of Permanent Impairment: The Respiratory System," Journal of the American Medical Association, 194:919 (1965).
- 6. Cardiac.** Persons suffering functional classification III or IV and therapeutic classifications C, D, or E cardiac disease as defined by Diseases of the Heart and Blood Vessels — Nomenclature and Criteria for Diagnosis, New York Heart Assoc. (6th Edition).
- 7. Dialysis.** Persons who must use a kidney dialysis machine in order to live.
- 8. Disorders of Spine.** Persons disabled by one or more of the following:
 - a. Fracture of vertebra, residuals or, with cord involvement with appropriate motor and sensory loss; or
 - b. Generalized osteoporosis with pain, limitation of back motion, paravertebral muscle spasms, and compression fracture of vertebra; or
 - c. Ankylosis or fixation of cervical or dorsolumbar spine at 30 degrees or more of flexion measured from the neutral position and one of the following:
 - i. Calcification of the anterior and alteral ligaments as shown by x-ray; or
 - ii. Dilateral ankylosis of sacroiliac joints and abnormal apophyseal articulation as shown by x-ray.
- 9. Nerve Root Compression Syndrome.** A person disabled due to any cause by:
 - a. Pain and motion limitation in back of neck; and
 - b. Cervical or lumbar nerve root compression as evidenced by appropriate radicular distribution of sensory, motor and reflex abnormalities.
- 10. Motor.** Persons disabled by one or more of the following:
 - a. Faulty coordination or palsy from brain, spinal, or peripheral nerve injury; or
 - b. A functional motor deficit in any two limbs; or
 - c. Manifestations significantly reducing mobility, coordination, and perceptiveness not accounted for in prior categories.
- 11. HIV Disease.** A person disabled by HIV disease who meets Social Security eligibility criteria or who meets Washington State (GAU/Welfare) medical criteria.

Section 3. Visual Disabilities

- 1. Persons disabled because of:**
 - a. Visual acuity of 20/200 or less in the better eye with correcting lenses; or
 - b. Contraction of the visual field:
 - i. So the widest diameter of visual field subtending an angular distance is no greater than 20 degrees; or
 - ii. To 10 degrees or less from the point of fixation; or
 - iii. To 20% or less visual field efficiency.

- 2. Persons who, by reason of visual impairment, do not qualify for a Driver's License under regulations of the Washington State Department of Motor Vehicles.**

Section 4. Hearing Disabilities

- 1. Persons disabled because of hearing impairments manifested by one or more of the following:**
 - a. Better ear pure tone average of 90 dB HL (unaided) for tones at 500, 1,000, 2,000 Hz; or
 - b. Best speech discrimination score at or below 40% (unaided) as measured with standardized testing materials.
- 2. Eligibility may be certified by a physician licensed by the State of Washington or by an audiologist certified by the American Speech-Language-Hearing Association.**

Section 5. Neurological Disabilities

- 1. Epilepsy.**
 - a. Persons who have suffered any seizure with loss of awareness within the last 6 months.
 - b. Persons exhibiting seizure-free control for a continuous period of more than six months duration are not included in the statement of epilepsy defined in this section.
- 2. Neurological Handicap.** A person disabled by cerebral palsy, multiple sclerosis, muscular dystrophy, or other neurological and physical impairments not controlled by medication.

Section 6. Mental Disabilities

- 1. Developmental Disabilities — Permanent Permit.** Persons disabled due to intellectual disability, autism or other conditions found to be closely associated with intellectual disability or to require treatment similar to that required by intellectually disabled individuals and:
 - a. The disability originates before such individual attains age 18;
 - b. The condition has continued, or can be expected to continue, indefinitely;
 - c. The condition substantially limits one or more major life activities on an ongoing basis.
- 2. Adult Cognition Impairments — Permanent Permit.** Persons whom by reason of traumatic brain injury, illness or other accident occurring after age 18 experience ongoing impairment(s) in cognition that substantially limit(s) one or more major life activities, including individuals who meet SSA, SSI, or SSDI eligibility criteria.
- 3. Serious Persistent (Chronic) Mental Illness — Permanent Permit.** Individuals with a mental illness with symptoms chronic in nature who experience a significant limitation in their ability to take part in major life activities **and** who meet one of the following:
 - a. Having a mental disorder diagnosis based on criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM);
 - b. Living in a group/boarding home setting, receiving state or federal financial assistance and participating in a state or federally funded work activity center or workshop;
 - c. Permanently placed in a supervised or supported living arrangement;
 - d. Addressing mental health needs by participating in any training/rehabilitation program or therapy established under federal, state, county, Regional Support Network (RSN), or city government agency.
- 4. Serious Mental Illness (Acute at-risk) — Temporary Permit.** Individuals with a mental illness who are currently experiencing a significant limitation in their ability to take part in major life activities **and** who meet one of the following:
 - a. Having a mental disorder diagnosis based on criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM);
 - b. Living in a group/boarding home setting, receiving state or federal financial assistance and participating in a state or federally funded work activity center or workshop;
 - c. Living at home under supervision and participating in a state or federally funded state or federal work activity center or workshop;
 - d. Addressing mental health needs by participating in any training/rehabilitation program or therapy established under federal, state, county, Regional Support Network (RSN), or city government agency.

Regional Reduced Fare Permit — Participating Transit Agencies



Clallam Transit

830 West Lauridsen Blvd • Port Angeles, WA 98363
360-452-1315 • Toll Free: 1-800-858-3747



Community Transit

Community Transit Ride Store
20110 46th Avenue West • Lynnwood, WA 98036
425-348-2350 • Toll Free: 1-800-562-1375
TTY Relay: 711



EVERETT TRANSIT

Everett Transit

3201 Smith Avenue • Everett, WA 98201
425-257-7777 • TDD/TTY: 425-257-7778
TTY Relay: 711



Intercity Transit

222 State Avenue NE • Olympia, WA 98501
360-786-1881 • Toll Free: 1-800-287-6348
TDD/TTY: 360-943-5211
Dial-A-Lift: 360-754-9393 • Toll Free: 1-800-244-6846



Jefferson Transit

63 4 Corners Road • Port Townsend, WA 98368
360-385-4777 • Toll Free: 1-800-371-0497
TTY: Relay 711 • Dial-A-Ride: 360-385-4777



King County Metro Transit

201 South Jackson Street • Seattle, WA 98104-3856
206-533-3000 • Toll Free: 1-800-542-7876
TDD/TTY: 711



King County Water Taxi

201 South Jackson Street • Seattle, WA 98104-3856
206-477-3979 • TTY: 711 • watertaxi.info@kingcounty.gov



Kitsap Transit

60 Washington Avenue, #200 • Bremerton, WA 98337
Bremerton Transportation Center: 360-373-BUSS
Toll Free: 1-800-501-RIDE
Kitsap Transit ACCESS (Toll Free): 1-800-422-BUSS
TDD/TTY: 360-377-9874



Mason Transit

Transit-Community Center
601 West Franklin Street • Shelton, WA 98584
360-427-5033 • Toll Free: 1-800-374-3747
TDD/TTY: 711 or 1-800-833-6388



Pierce County Ferries

Steilacoom Ferry Landing
56 Union Avenue • Steilacoom, WA 98388
253-588-1950



Pierce Transit

Tacoma Dome Station Bus Shop:
505 East 25th Street • Tacoma, WA 98421
253-581-8000 • Toll Free: 1-800-562-8109
TTY Relay: 711 or 253-581-8000, Option 1



Skagit Transit

600 County Shop Lane • Burlington, WA 98233
Burlington Business Office: 360-757-8801
Customer Service: 360-757-4433
Toll Free: 1-877-584-7528 • TTY: 1-360-757-1938



Sound Transit

401 South Jackson Street • Seattle, WA 98104
206-398-5000 • Toll Free: 1-888-889-6368
TDD/TTY: 711



WSDOT Ferries Division (WSF)

Customer Information:
2901 Third Avenue, #500 • Seattle, WA 98121-3014
206-464-6400 • Toll Free WA & BC: 1-888-808-7977 or 511
Persons who are deaf or hard of hearing may access Relay Services by dialing 711 (WA) and ask to be connected to 206-464-6400.



Whatcom Transportation Authority

Administrative Offices:
4111 Bakerview Spur • Bellingham, WA 98226
360-676-7433 • Toll Free: 1-866-989-4BUS
TDD/TTY: 360-676-6844

The Regional Reduced Fare Permit is a cooperative program developed through the Puget Sound Regional Council with support from the Federal Transit Administration and public agencies in the Puget Sound region.

Application for Regional Reduced Fare Permit for Senior and Disabled Persons

FRONT

This application is available in accessible format • Processing fee \$3.00

Note: Applicants must be at least 6 years old to be eligible for a Regional Reduced Fare Permit.

Please Print

Name _____
First Middle Last

Address _____

City _____ State _____ ZIP _____

Date of Birth _____ Phone No. _____

For Office Use Only
ID# _____
PCA _____
<input type="checkbox"/> Temporary
<input type="checkbox"/> Permanent
Date _____

Please read the applicant section of the *Medical Eligibility Criteria and Conditions* brochure before completing this application.

I am applying for a Regional Reduced Fare Permit on the following basis. Please check only one.

Permanent Permit:

- I am 65 years of age or older.
- I am providing proof of current eligibility by the Veterans Health Administration as having a disability of at least 40%.

Temporary Permit:

- I am providing proof of eligibility and am receiving Social Security Disability Benefits or Supplemental Security Income Benefits due to disability. (Applicant must show award letter.)
- I am presenting a valid Medicare card issued by the Social Security Administration.
- I am currently participating in a vocational career program with the Washington State Individual Educational Program (IEP).
- I am providing a Washington Department of Licensing-issued disabled parking identification in conjunction with a government-issued photo identification.

Permanent or Temporary Permit (case-by-case):

- I am providing a valid Regional ADA paratransit card or other supporting materials issued by (Agency) _____

ADA paratransit card/supporting materials expire(s) on _____

- I have an obvious physical impairment(s) meeting one or more of the medical criteria listed in the **Medical Eligibility Criteria and Conditions** brochure.
- I am medically disabled as certified by a Physician (M.D.), Psychiatrist, Psychologist (Ph.D.), Physician's Assistant (P.A.), Advanced Registered Nurse Practitioner (A.R.N.P.), Audiologist certified by the American Speech–Language–Hearing Association, Osteopathic Physician (D.O.) licensed in the State of Washington. See **Health Care Provider's Certification** form on the back side of this application. This agency reserves the right to contact your Health Care Provider for verification.

Applicants Signature _____ Date _____

Regional Reduced Fare Permit — Certification of Eligibility

BACK

Applicant's Release — Please Print

I hereby authorize the physician to release any information necessary to complete this certification. I understand that this information is confidential and shall not be released without my approval or a court order. I understand that the transit agency issuing this permit shall have the right and opportunity to verify my eligibility for a Regional Reduced Fare Permit. I understand that if any of the statements made on this application form are false or inaccurate, I will lose the privileges granted by the Regional Reduced Fare Permit and be subject to criminal prosecution in accordance with Washington State Law for fraud (RCW #9A.56.020).

Name _____
First Middle Last

Address _____

City _____ State _____ ZIP _____

Date of Birth _____ Phone No. _____

Applicant's Signature _____ Date _____

This section to be completed by the following approved health care provider.

Washington State Licensed: • Physician (M.D.) • Psychiatrist • Psychologist (Ph.D.) • Physician's Assistant (P.A.)
• Advanced Registered Nurse Practitioner (A.R.N.P.) • Audiologist certified by the American Speech–Language–Hearing Association
• Osteopathic Physician (D.O.) — **Signatures of Health Care Providers other than these are not acceptable.**

1. This applicant must meet at least one of the criteria and conditions listed in the *Medical Eligibility Criteria and Conditions* brochure.
2. The specific Medical Eligibility Criteria number must be noted in the space provided.
3. If section 6.4 is used, this person must be diagnosed by you as being "Acute-at-risk." The appropriate subsection (a, b, c, or d) must be included along with the name and phone number of the work activity center, training, or rehabilitation program in which this patient is currently a patient. **Note:** An applicant's enrollment in a drug or alcohol rehabilitation program does not, in and of itself, meet eligibility requirements.
4. An applicant's financial situation has no bearing on eligibility.

I certify that _____ meets the Medical Eligibility Criteria _____
Section, Subsection

If section 6.4 (a, b, c, or d) enter name of qualifying program: _____

Please check the appropriate boxes:

Yes No The disability is temporary. Specify length of disability: _____ years _____ months.
A temporary disability must be expected to last no longer than 5 years.

Yes No The disability is permanent.

Yes No This applicant requires a Personal Care Attendant. If yes: Temporary Permanent

Verification of Approved Health Care Provider — Please Print

Name _____ Phone No. _____

Provider or Agency Address _____

Washington State License No. _____

I understand that if any of the statements made on this application form are false or inaccurate, I will be subject to criminal prosecution if accordance with Washington State Law for fraud (RCW #9A.56.020).

Signature _____ Date _____

Original Signature Only — No Photocopies or FAX Accepted

Title VI Notice: All participating agencies in the RRF program fully comply with Title VI of the Civil Rights Act of 1964 and related statutes and regulations in all programs and activities. For more information, or to obtain a Title VI Complaint Form, please contact the appropriate agency.