

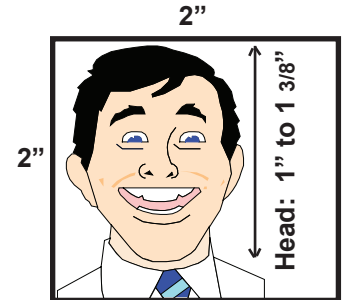


Reduced Fare Disability Photo Identification Card Program

About the Identification Card

Omnitrans is pleased to offer disability photo identification (ID) cards for persons with disabilities. The card provides persons with disabilities with convenient proof of eligibility for discounted bus passes and cash fare. In order to receive a disability photo ID card, you must submit **ALL** of the following to Omnitrans:

- A completed application (attached)
- A copy of **ONE** of the following proofs of disability: *
 - Department of Motor Vehicles disability placard receipt
 - Social Security Medicare Card or insurance award letter
 - V.A. letter confirming a disability of 50% or greater
- A color photo of the applicant (photos are non-returnable):
 - Wallet size photo
 - Head and shoulders, front view facing camera (see sample)
 - Plain white (or light) background
 - No hats, scarves, sunglasses, or headbands to obscure features



DO send in a photo like this one

(NOTE: If the applicant wears a head covering for religious reasons, or shaded glasses due to vision impairment, please submit a note with your photo and it will be accepted)

- A \$2.00 non-refundable processing fee (check or money order payable to Polaroid ID Systems only - no cash)

Please Note: Disability photo ID cards are valid for up to five years, and expire on the birthday of the cardholder. All information provided on your application is confidential.

* If You Do Not Have Proof of Disability

If you do not have one of the forms of proof of disability listed above (DMV receipt, Social Security Card or V.A. letter), please complete the attached application, and have your doctor or a qualifying health care professional complete Section Two (2) of the application (attached).

Where to Submit Your Application

Once your application is complete, please send all pages, along with your wallet-sized photo and \$2.00 non-refundable processing fee, to the following address. Remember not to send original proof of disability documents or cash.

ScreenCheck North America
Attn.: Omnitrans
2621 Corrinado Ct.
Fort Wayne, IN 46808

Please Note: Once your completed application has been received, it will take approximately 10 working days for it to be processed. Once your application has been approved, your identification card will be sent to you in the mail.

For further information or questions, please call Omnitrans Customer Service at **(909) 379-7100**

THIS FORM MUST BE COMPLETED BY ALL APPLICANTS



Reduced Fare Disability Identification Card Application

Please Print All Information

NAME: _____
(First, Middle Initial, Last)

ADDRESS: _____ CITY: _____ ZIP: _____
(Number, Street, Apartment Number)

DATE OF BIRTH: _____ TELEPHONE: _____
(Month, Date, Year)

SOCIAL SECURITY NUMBER (Last Four Digits Only): XXX - XX - _____
(NOTE: Provision of Social Security Digits is Voluntary, and Will be Used for Internal Tracking Purposes Only)

Check the category under which you are applying for a Reduced Fare Identification Card:

NOTE: If you check Categories 1 - 3, you must submit a copy of your proof of eligibility with this application. If you check Category 4, you must submit a completed Section 2 form (attached) with this application.

1. Social Security Medicare Card or disability insurance award letter
2. Department of Motor Vehicles Disabled Person Placard Identification Card/Receipt
3. V.A. letter confirming a disability of 50% or greater
4. Medical Disability. Complete Section 2 form (attached) medical release and give this application packet to your health care professional to complete based on eligibility criteria.

I declare, under penalty of perjury under the laws of the State of California, that the responses I have given are true.

Signature of Applicant _____ Date: _____
(or guardian if applicant is under 18 years of age)

Please don't forget to include your wallet-size photo, a copy of your proof of eligibility, and a \$2.00 non-refundable processing fee with your application. Mail to:

ScreenCheck North America
Attn.: Omnitrans
2621 Corrinado Ct.
Fort Wayne, IN 46808

Omnitrans reserves the right to make final determination of eligibility for reduced fare identification cards. This application is for internal use only, and will not be subject to public review. It is understood that the issuance of the reduced fare identification card is for the purpose of identification on transit services; it is not transferable. Should an application for reduced fare identification card be denied, the applicant may submit a written appeal within 14 days of denial letter date, requesting a review and reconsideration of the application.



Section 2

A Note For Medical Certifiers

The Omnitrans Reduced Fare Disability Photo Identification Card Program allows individuals to receive fare discounts, required by state and federal law. The patient who has asked you to complete the attached form is requesting such a discount.

Please help us make sure that only qualified individuals become certified. Please review the eligibility requirements on the reverse side of this form and below prior to completing the certification. Should you have any questions, please contact Omnitrans at (909) 379-7100.

NOTE: In order to certify a disabled or handicapped person for an Omnitrans Reduced Fare Identification Card, you must agree to:

- Certify as eligible only those individuals who meet the criteria included in this application;
- Provide verification of the information contained in this application upon request;
- Possess the proper professional degree and be licensed in the State of California, as follows:
 - Licensed physicians with an M.D. or D.O. degree, licensed physicians assistants and nurse practitioners may certify in all categories in which they are licensed to diagnose.
 - Licensed chiropractors may certify in Categories 1 - 4 (please see reverse side).
 - Licensed podiatrists may certify disabilities involving the feet in Categories 1 - 4 (please see reverse side).
 - Licensed optometrists may certify in Category 9 (please see reverse side).
 - Licensed audiologists may certify in Category 10 (please see reverse side).
 - Licensed clinical psychologists and licensed educational psychologists may certify in Categories 12, 15, 16, and 17 (please see reverse side).
 - Licensed social workers or CSCs may certify in Category 17 (please see reverse side).

Your address and medical license information (required on each application form) will be verified with the state Medical License Board, and the State of California Department of Consumer Affairs.

Thank you for your efforts to help Omnitrans provide quality service to all of its customers, and for helping to maintain the integrity of the Omnitrans Reduced Fare Disability Photo Identification Card Program.

OMNITRANS REDUCED FARE/DISABILITY PHOTO IDENTIFICATION CARD PROGRAM ELIGIBILITY CRITERIA

Applicants are eligible for the program under the following categories if they have conditions which:

CATEGORY 1 — *Non-Ambulatory Disabilities*: Make it necessary to use a wheelchair for mobility.

CATEGORY 2 — *Mobility Aids*: Make it so difficult to walk unaided that they must use a mobility aid.

CATEGORY 3 — *Musculo-Skeletal Impairment (including Arthritis)*: Result in a musculo-skeletal impairment, e.g. muscular dystrophy, osteogenesis imperfecta or any type of arthritis (such as functional Class III or anatomical Stage III).

CATEGORY 4 — *Amputation*: Result in either amputation or major deformity/functional loss of: a) both hands; or b) one hand and one foot; or c) one or both legs above the tarsal region.

CATEGORY 5 — *Cerebrovascular Accident (Stroke)*: Are caused by or result in: 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 longer than four months.

CATEGORY 6 — *Pulmonary Ills*: Are described as respiratory impairments of Class III and IV. (Class III - FVC between 51 percent and 59 percent of predicted; or FEV between 41 and 59 percent of predicted. Class IV - FVC less than or equal to 50 percent of predicted; or FEV less than or equal to 40 percent of predicted.)

CATEGORY 7 — *Cardiac Ills*: Are a result of cardiovascular disease and cause persons to exhibit marked limitation of physical activity at functional Class III or IV.

CATEGORY 8 — *Dialysis*: Require the use of a kidney dialysis machine.

CATEGORY 9 — *Sight Disabilities*: Result in vision in the better eye, after best correction, which 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; and c) who are unable to read information signs or symbols for other than language reasons.

CATEGORY 10 — *Hearing Disabilities*: Are due to deafness or hearing incapacity that makes it impossible to communicate or hear warning signals where the hearing loss is 70 dba or greater in the 500, 1000, 2000 Hz. ranges.

CATEGORY 11 — *Disabilities of Incoordination*: Causes faulty coordination or palsy from brain, spinal or peripheral nerve injury, including functional nerve injury and/or functional motor deficit in any two limbs or which significantly reduce mobility, coordination or perceptiveness not accounted for in previous categories.

CATEGORY 12 — *Mental Retardation*: Result in subaverage general intellectual functioning originating during the developmental period or from illness or accident later in life, associated with impaired adaptive behavior.

CATEGORY 13 — *Cerebral Palsy*: Date from birth or early infancy or result from later illness or accident and are non-progressive. They display marked regression or aberrations of motor functions (paralysis, weakness, incoordination) and/or organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavioral disorders.

CATEGORY 14 — *Epilepsy (Convulsive Disorder)*: A clinical disorder involving impairment of consciousness, characterized by seizures.

CATEGORY 15 — *Infantile Autism*: When present in a child, consists of withdrawal, very inadequate social relationships, language disturbance and monotonously repetitive motor behavior. Impaired general intellectual functioning, severe withdrawal and inappropriate response to external stimuli also may be present.

CATEGORY 16 — *Neurological Impairment*: Are characterized by learning, perception and/or behavioral disorders in an individual whose IQ is not less than two standard deviations below the norm, and result from brain dysfunctions (any disorder in learning using the senses), neurologic disorder or any damage to the central nervous system, regardless of cause. This category includes applicants with severe gait problems who are restricted in mobility.

CATEGORY 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 IV classification in one of the following areas is required for eligibility: Organic Mental Disorders, Schizophrenic Disorders, Paranoid Disorders, Psychotic Disorders not elsewhere classified, Affective Disorders, Somata Form Disorder, Dissociative Disorders, Adjustment Disorders, Psychological Factors affecting physical condition, and Post-Traumatic Stress Syndrome. These diagnoses must be at Class III to V levels, as follows:

- Class 3 - Moderate Impairment. Levels compatible with some, but not all, useful functions.
- Class 4 - Marked Impairment. Levels significantly impede useful functioning.
- Class 5 - Extreme Impairment. Levels preclude useful functioning.

(NOTE: If an applicant's disorder is in remission, or primary incapacity is acute or chronic alcoholism or drug addiction, they will be specifically excluded from discount fare eligibility).

CATEGORY 18 — *Chronic Progressive Debilitating Disorders*: Result from chronic and progressive debilitating diseases that are characterized by constitutional symptoms such as fatigue, weakness, weight loss, pain and changes in mental status that, taken together, interfere in the activities of daily living and significantly impair mobility.

CATEGORY 19 — *Multiple Impairments*: This category may include, but not be limited to, persons disabled by the combined effects of more than one impairment, including those related to age. The individual impairments themselves may not be severe enough to qualify the applicant for a reduced transit fare; however, the combined effects of the disabilities may qualify the individual for the program.



Section 2 Medical Release and Certification

Medical Information Release - To Be Completed By Applicant

In connection with my application for the Omnitrans Reduced Fare Disability Photo Identification Card Program, I hereby authorize Dr. _____ to release to Omnitrans medical or other personal information regarding my disability. The information released will be confined to verification of my status as a patient and the designation of my disability category. The information released will be used solely to determine my eligibility for the Reduced Fare Disability Photo Identification Card.

I realize that I have a right to receive a copy of this authorization, and that I may revoke the authorization at any time.

Unless earlier revoked, this form will permit the certifying health care professional to release the above information to Omnitrans up to 60 days from the date of my signature.

Name of Applicant (please print): _____

Signature of Applicant: _____ Date: _____
(or guardian of applicant is under 18 years of age)

REMINDER: Your application **WILL NOT** be processed until Omnitrans receives your completed application (attached) and this certification (completed in full by a qualified health care professional), a wallet-size photo, and a \$2.00 non-refundable processing fee.

Medical Certification - To Be Completed By Health Care Professional ONLY

Eligibility Category Number (See descriptions on reverse side of "A Note for Medical Certifiers" page): _____

If Category 17, please provide a DSM code (required): _____ And Class: 1 2 3 4 5

NOTE: Persons are specifically excluded from eligibility whose sole incapacity is acute chronic alcoholism or drug abuse, obesity or pregnancy

Is this disability permanent? Yes No If No, length of disability (in months) _____

Name of Certifier: _____ Field of Practice: _____

Address: _____ CA State License Number: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

I hereby certify that I have read the requirements of eligibility for the Omnitrans Reduced Fare Disability Photo Identification Card Program and, in my professional judgment, the above-named applicant is eligible to receive discounted transit fares because of a disability (as noted above) that limits his/her ability to use fixed-route transit. I am aware that any falsification of a condition or any part of a condition will be reported to the Federal Transportation Administration for prosecution to the full extent of the law.

Signature of Medical Certifier: _____ Date: _____