

DISABILITY IDENTIFICATION CARD APPLICATION

Persons with disabilities are entitled to a discounted fare on Gold Coast Transit (GCT) fixed-route bus service. The GCT Disability 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 the reduced fare. If proper ID is not shown, the reduced disabled fare **does not** apply.

Completed applications **MUST BE RETURNED IN PERSON** by the applicant to the GCT Customer Service Center, Oxnard Transit Center, 201 E. Fourth Street, 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.

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 medical, or other pertinent information, about my disability. The information released will be used solely to determine my eligibility for this Disability Identification Card.

Applicant's Signature	Date
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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.

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 GCT 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 Disability Identification Card entitling the applicant to a reduced fare on GCT 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 mental retardation or related conditions which include cerebral palsy, epilepsy, autism 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 GCT office at 805-487-4222 (TDD 711 CA Relay Service).

CRITERIOS DE ELEGIBILIDAD

El solicitante debe tener una de estas condiciones para calificar para una tarjeta de identificación de incapacidad, que le permite una tarifa reducida en las rutas fijas de GCT.



1. Impedimento visual que la visión del mejor ojo es 20/200 o menos después de la mejor corrección; o el campo de visión es limitado a 10 grado o menos de un punto fijo o subtiende un ángulo que no es más de 20 grado.
2. Impedimento auditivo pérdida bilateral de un 50% del oído que no ha sido corregida por un aparato audífono.
3. Impedimento muscular o esquelético como distrofia muscular, osteogenesis imperfecta, reumatismo severo o artritis de Grado Terapéutico III o peor, Clase Función III o peor, o Grado Anatómico III o peor.
4. Impedimento cardiovascular que resulta en limitación de actividades físicas. Actividad física que es menos que la ordinaria, causa fatiga, palpitaciones, disnea o dolor anginal. Actividad física ordinaria debería ser restringida notablemente.
5. Impedimento respiratorio severo en que se respira con dificultad, no en los momentos de descanso, pero cuando hace actividades diarias y ordinarias, como subir escaleras o cuando camina más de 200 pies. Cuando hay una enfermedad respiratoria que se puede poner tan severa que requiera hospitalización.
6. Amputación, deformidad anatómica (debida a déficit vascular o neurológico), pérdida traumática de masa o tendones, o evidencia por rayos X de anquilosis de fibras o huesos y desconyuntamiento, o inestabilidad de (a) ambas manos, (b) una mano y un pie, o (c) amputación de una extremidad baja en, o sobre la región tarsal.
7. Parálisis, falta de coordinación o déficit funcional en el movimiento de dos miembros, debido a daño del cerebro, la espina dorsal o nervios periféricos, incluyendo paraplegia, quadriplegia y hemiplegia.
8. Una incapacidad de desarrollo es una incapacidad que se manifiesta antes de que la persona alcance 22 años de edad, que constituye una incapacidad substancial al individuo afectado, y es atribuible al retraso mental o a las condiciones relacionadas que incluyen parálisis cerebral, epilepsia, autismo, u otros condiciones neurológicas.
9. Disorden emocional debido a la presencia de enfermedad mental, en la medida que el solicitante tiene un impedimento importante o síntomas que le impiden en su vida diaria, incluyendo esquizofrenia, depresión clínica, bi-polar y desórdenes de angustia.
10. Cualquiera otra incapacidad que un profesional médico considere que limita la movilidad del solicitante. Favor de añadir una explicación a esta solicitud.

Las siguientes condiciones no califican al solicitante:

- embarazo
- obesidad
- alcoholismo agudo o crónico o adicción a drogas
- enfermedades contagiosas

Preguntas sobre elegibilidad deben ser dirigidas a la oficina de GCT al 805-487-4222 (TDD 711 CA Relay Service).