

# 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     |

**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).