

We offer discounted fares/passes on fixed route transit buses (not Dial-a-Ride) for senior citizens (65+), individuals with qualifying disabilities^{1,2}, Medicare recipients (not Medi-Cal), honorably discharged veterans of the U.S. military, and students (grades K-12). Passengers are required to show proper identification (ID) proving their eligibility for discount fares prior to payment of the fare.

We accept the following forms of identification for a fare discount when boarding a fixed route bus:

- Turlock Transit Discount Fare Card (DFC) (*preferred*)
- MOVE Stanislaus photo ID³ (*for eligible ADA paratransit passengers*)
- Medicare card and valid, government-issued photo ID

³If you require **complementary ADA paratransit service** because you are unable to independently use the fixed route bus system due to a disability, our reservation-based Dial-a-Ride service may be an option. Be advised that the City is no longer issuing Disabled Eligibility Cards. Instead, ADA eligibility services for Turlock Transit, StaRT, MAX, and CAT are provided solely through the **Stanislaus Eligibility Center (SEC), operated by MOVE**. To make an appointment for a free ADA eligibility assessment, call the SEC at (209) 232-5092. For more information, visit www.movestanislaus.org. Free roundtrip, door-to-door transportation to/from your assessment will be provided. If found eligible, your SEC card will also qualify you for discount fares on fixed route transit service.

All applicants must complete Sections 1, 2, and 3. Some applicants may be required to complete additional sections. Follow the stated directions. Please print legibly to reduce delays in processing. **All applicants must have their photo taken in-person** by City staff during normal business hours (9:00 a.m. – 5:00 p.m., Monday-Friday) at the Transit Division office located at the Roger K. Fall Transit Center, 1418 N. Golden State Blvd., Suite 1, Turlock, CA 95380 prior to the issuance of a DFC.

SECTION 1: APPLICANT INFORMATION

Name (Last, First, MI): _____ Date of Birth: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

SECTION 2: NEW CARD OR REPLACEMENT

- NEW card.** If you've never been issued a DFC from Turlock Transit, check this box.
- REPLACEMENT card.** If your DFC card was lost, stolen, or has expired, check this box.

¹For disabilities lasting 90+ days as defined under 49 USC 5307(d)(1)(D) and 49 CFR Part 609

²FTA definition of individual with disabilities: "Any individual who, by reason of illness, injury, age, congenital malfunction or other permanent or temporary incapacity of disability, is unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected."

SECTION 3: CERTIFICATION OF ELIGIBILITY

Please mark your eligibility category below. Applicants are required to present a valid, government issued photo identification (photo ID) in addition to any documents listed below.

- SENIOR CITIZEN.** Provide a valid photo ID with a birth date. Acceptable forms of ID for proof of age include: (1) valid State Driver’s License, (2) valid DMV ID card, or (3) valid U.S. Passport. A combination of documents, such as government issued photo ID and birth certificate, are also acceptable. Original documents are required; copies are not accepted.
- MEDICARE RECIPIENT.** Provide original Medicare (not Medi-Cal) card.
- U.S. MILITARY VETERANS.** Honorably discharged veterans of the U.S. military can provide a valid photo ID with one of the following: (1) DD-214/215, (2) NGB Form 22, (3) VA Veteran ID card, (4) Veteran Health Identification Card (VHIC), or (5) CA Driver’s License with Veteran designation.
- DISABILITY.** Provide valid photo ID and a certification by a physician or qualified health care professional. *Applicants selecting this category must also complete Sections 6-9.*

SECTION 4: ACKNOWLEDGMENT AND CONSENT

I certify to the best of my knowledge that the information on this application is true and correct. I understand that providing false or misleading information could result in termination of my eligibility for a Turlock Transit Discount Fare Card (DFC). If granted a DFC, I understand that it is not transferrable to other individuals, will not be valid for longer than three years, and must be presented to the bus driver **before** the payment of any fares. The City of Turlock reserves the right to modify, suspend, or change the DFC program at any time at their sole discretion. I further understand that until a DFC is issued, I am required to pay the regular fares for Turlock Transit fixed route services. **I have read, understand, and agree to the terms as stated above.**

Signature of Applicant (or parent/guardian for minors)

Date

SECTION 5: APPLICATION SUBMISSION AND PROCESSING

Submit your application during normal business hours (Monday-Friday, 9am-5pm) at the following address: **City of Turlock, Transit Division, 1418 N. Golden State Blvd., Suite 1, Turlock, CA 95380.**

While walk-in applicants are permitted, appointments are strongly encouraged to ensure that a Transit Division staff member will be available to process the application. While parents/guardians may complete an application form for a minor, all applicants (including minors) will need to have their photos taken in-person by City staff for display on the DFC. Once approved, a DFC may be received in-person by the applicant (or their parent/guardian) during the same visit (after a brief wait) or mailed to the address listed on the application form, whichever the applicant prefers. Questions, comments, or concerns regarding this process can be directed to the City of Turlock’s Transit Administration staff at (209) 669-2800 or transit@turlock.ca.us.

Applicants seeking a DFC due to a disability, continue to Sections 6-9 (next pages).

SECTION 6: AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, _____ (printed name of applicant), hereby authorize the qualified health care professional specified in this application to release all information necessary for the City of Turlock’s Transit Division staff to make an eligibility determination for a Turlock Transit Discount Fare Card. Information provided for this purpose will be used solely for making the specified determination and will not be shared with third parties.

Signature of Applicant (or parent/guardian of minor)

Date

*****Applicant now provides application to medical professional for completion and submission*****

SECTION 7: NOTICE TO HEALTH CARE PROFESSIONALS REGARDING REDUCED FARE REQUIREMENTS

As a recipient of federal funding, the City of Turlock (Turlock Transit) is required, during nonpeak hours, to provide a discount fare to elderly and persons with disabilities at a rate of not more than 50% of the regular, peak fare. Turlock Transit extends this to apply during all hours. Under this Discount Fare Program, a person with a disability is defined as:

“... **those individuals who**, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory wheelchair-bound and those with semi-ambulatory capabilities, **are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected.**” (See 49 U.S.C. § 5307(d) (reduced-fare requirement); 49 C.F.R § 609.23 (reduced-fare requirement); 49 C.F.R. § 609.3 (definition of “elderly and handicapped persons”).

Reduced fares are only provided to individuals with a qualifying medical disability. Reduced fares are not provided for socioeconomic purposes. **Please note that pregnancy, obesity, drug or alcohol addiction, and certain other conditions, taken alone, do not qualify as disabilities eligible for Turlock Transit’s Reduced Fare Program.** (See 49 C.F.R. § 609, Appendix A). Federal transit laws provide for a reduced fare only to individuals with a disability that both meets the definition of a disability under the Americans with Disabilities Act (see 49 C.F.R. § 37.3 definition of “Disability”) and meets the requirement that because of the disability, the individual is unable, without special facilities, planning, or design, to utilize Turlock Transit’s transit facilities or services as effectively as individuals without a disability. This means that **an individual with a diagnosed, recognized disability may fall under the civil rights protections for access to transportation services, but not qualify for a reduced fare.** (Compare 49 C.F.R. § 609.3 with 49 C.F.R. § 37.3.)

Therefore, to qualify for a reduced fare, **the qualifying disability must result in a reduced capacity to perform actions necessary for the use of Turlock Transit’s regular fixed-route services without receiving special training or assistance.** If the diagnosis listed on the Application does not clearly meet this standard, the certifying health care professional will be asked to provide a narrative description identifying the specific features of Turlock Transit fixed-route services that the applicant cannot use without special training or assistance. The “special training or assistance” must be different than the orientation required for all first-time users (disabled and nondisabled) of public

transit. State law further extends the benefits of the federal reduced fare program to the following individuals:

- (1) An individual who by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including, but not limited to, any individual confined to a wheelchair, is unable, without special facilities or special planning or design, to utilize public transportation facilities and services as effectively as a person who is not so affected (see *Cal. Pub. Util. Code § 99206.5*);
- (2) An individual who has lost, or has lost the use of, one or more lower extremities or both hands, or who has significant limitation in the use of lower extremities, or who has a diagnosed disease or disorder which substantially impairs or interferes with mobility, or who is so severely disabled as to be unable to move without the aid of an assistant device (see *Cal. Veh. Code § 295.5(a)*);
- (3) An individual who is blind to the extent that the person's central visual acuity does not exceed 20/200 in the better eye, with corrective lenses, as measured by the Snellen test, or visual acuity that is greater than 20/200 but with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees (see *Cal. Veh. Code § 295.5(b)*);
- (4) An individual who suffers from lung disease to the extent of any of the following:
 - a. The individual's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter.
 - b. The individual's arterial oxygen tension (pO₂) is less than 60 mm/Hg on room air while the person is at rest (see *Cal. Veh. Code § 295.5(c)*);
- (5) An individual who is impaired by cardiovascular disease to the extent that the person's functional limitations are classified in severity as class III or class IV based on upon standards accepted by the American Heart Association (see *Cal. Veh. Code § 295.5(d)*);
- (6) A "disabled veteran," which means any individual who, as a result of injury or disease suffered while on active service with the armed forces of the United States, suffers any of the following:
 - a. Has a disability which has been rated 100 percent by the Department of Veterans Affairs or the military service from which the veteran was discharged, due to a diagnosed disease or disorder which substantially impairs or interferes with mobility.
 - b. Is so severely disabled as to be unable to move without the aid of an assistant device.
 - c. Has lost, or has lost the use of, one or more limbs.
 - d. Has suffered permanent blindness, as defined in Section 19153 of the Welfare and Institutions Code. (see *Cal. Veh. Code § 295.7*.)

(See *Cal. Pub. Util. Code § 99155(b)* extending reduced fare transit benefits to the above-listed individuals.)

A **temporary disability** is defined as a qualifying disability (meeting the standards set forth above), which **lasts more than 90 days**. (See 49 C.F.R. §609, Appendix A, Question 2 and *Cal. Pub. Util. Code § 99206.5*.)

The List of Qualifying Disabilities included in Turlock Transit's Discount Fare Program application form is intended to identify disabilities that qualify for a reduced fare. This list is not intended to expand the list of individuals eligible for a reduce fare under state and federal law. Turlock Transit reserves the right to revise the List of Qualifying Disabilities at any time in order to conform its Reduced Fare Program to the requirements of state or federal law.

SECTION 8: LIST OF QUALIFYING DISABILITIES

List of Qualifying Disabilities	Type of Licensed Health Care Professional Authorized to Complete the Certification
CARDIOPULMONARY/CARDIOVASCULAR DISEASE. Serious loss of heart or lung reserves as shown by X-ray, EKG, or other tests and, in spite of medical treatment, there is breathlessness, pain, or fatigue. Requires impairment at Class III or IV level upon standards accepted by the American Heart Assoc.	Licensed physician (MD/DO)
CEREBROVASCULAR ACCIDENT. Ongoing debilitating effects following occurrence of cerebrovascular accident (stroke) or cerebral palsy.	Licensed physician (MD/DO)
DIALYSIS. Individual who must use a kidney dialysis machine in order to live.	Licensed physician (MD/DO)
SIGHT DISABILITIES. Result 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 to angle no greater than 20 degrees; and c) who are unable to read information signs or symbols for other than language reasons	Licensed physician (MD/DO)
HEARING DISABILITIES. Impairment due to deafness or hearing incapacity that makes it impossible to communicate or hear warning signals where the hearing loss is 70 dB(a) or greater in the 500, 1000, and 2000 Hz ranges.	Licensed physician (MD/DO) or licensed audiologist
AMPUTATION/DEFORMITY. Anatomical deformity or amputation of hand(s) and/or feet or loss of major function(s).	Licensed physician (MD/DO) or podiatrist
ARTHRITIS. American Rheumatism Association may be used as a guideline for determination of arthritic disability Therapeutic Grade III, Functional Class III, Anatomical State III, or worse as evidence of arthritic disability.	Licensed physician (MD/DO) or podiatrist
MOBILITY-AIDED. Disabilities requiring the permanent use of an AFO or larger leg brace, walker, or crutches to achieve mobility.	Licensed physician (MD/DO) or podiatrist
NONAMBULATORY. Impairments (such as anatomical loss or paralysis) that require use of a wheelchair.	Licensed physician (MD/DO) or podiatrist
AUTISM. Monotonously repetitive motor behavior, severe withdrawal, inappropriate response to condition stimuli, and very inadequate social relationships.	Licensed physician (MD/DO), licensed psychologist, or licensed psychiatrist
EPILEPSY. Grand mal or psychomotor. Persons seizure-free for continuous period of six-months or longer disqualified.	Licensed physician (MD/DO), licensed psychologist, or licensed psychiatrist
MENTAL DISORDERS. Individuals whose mental impairment substantially limits one or more of their major life activities AND are unable to use mass transit without special planning, design, or facilities. The following list, although not conclusive, are examples of eligible diagnoses. A principal diagnosis from DSM V classification in one of the following areas is required for eligibility: Organic Mental Disorders, Schizophrenic Disorders, Paranoid Disorders, Psychotic Disorders not elsewhere classified, Dissociative Disorders, Psychological Factors affecting physical condition, and Post-Traumatic Stress Syndrome. The condition	Licensed physician (MD/DO), licensed psychologist, or licensed psychiatrist

have existed for at least three months and be expected to continue for at least three months beyond the application date.	
NEUROLOGICAL DISABILITIES. (1) Substantial functional motor deficits in any of two extremities, loss of balance and/or cognitive impairments 3 months post-stroke; or (2) difficulty with coordination, communication, social interaction and/or perception, functional motor deficits, or significantly reduced mobility that result from a brain, spinal, or peripheral nerve injury or illness. A specific diagnosis is required.	Licensed physician (MD/DO), licensed psychologist, or licensed psychiatrist
INTELLECTUAL/DEVELOPMENTALLY DISABLED. Sub-average general intellectual functioning originating during the developmental period or from illness or accident later in life associated with impaired adaptive behavior which results in a reduced capacity to perform actions necessary for use of Turlock Transit's regular fixed route services without receiving special training.	Licensed physician (MD/DO), licensed psychologist, licensed psychiatrist, or regional center representative
LEARNING DISABILITIES. An individual has a significant learning, perception, and/or cognitive disability which results in a reduced capacity to perform actions necessary for us of Turlock Transit's fixed route services without receiving special training. Some conditions excluded from eligibility, such as Attention Deficit Disorder (ADD or ADHD), dyslexia, and lack of English proficiency. A specific diagnosis is required.	Licensed physician (MD/DO), licensed psychologist, licensed psychiatrist, or licensed school psychologist

SECTION 9: PHYSICIAN'S STATEMENT OF MEDICAL DISABILITY ELIGIBILITY

IMPORTANT: Only physicians or qualified health care professionals, as defined below, are authorized to complete this section. Incomplete applications will be returned.

I certify I am currently treating _____ for a qualifying disability as a qualified medical professional legally licensed by the State of California. I certify that this patient: (1) has a qualifying disability, as defined in Section 8 of this application, **AND** (2) that this disability results in the patient's reduced capacity to perform the actions necessary for the use of regular fixed route transit services without receiving special training or assistance. **The duration of this condition is expected to last () ≤ 1 year, () ≤ 2 years, () 3+ years.** The patient () **does** or () **does not** require a personal care attendant to assist them on the bus. I certify that the information I've provided is true and correct to the best of my knowledge under the penalty of perjury.

Physician Name (Printed)	Physician License Number
Office Street Address, Unit/Suite	City, State and Zip Code
() Phone Number	Fax Number AND/OR Email
Signature of Physician	Date of Signature

Physicians should return this form directly to the City of Turlock via mail OR to transit@turlock.ca.us.
 If mailing, send to: City of Turlock, Transit Division, 1418 N. Golden State Blvd., Suite 1, Turlock, CA 95380.
 Still have questions? Call (209) 669-2800 during normal business hours (Monday-Friday, 9am-5pm).
DO NOT SUBMIT APPLICATIONS for individuals who do not qualify based on the requirements listed above.