

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**
 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**
 1615 West Sims Way • Port Townsend, WA 98368
 360-385-4777 • Toll Free: 1-800-371-0497
 TTY: Relay 711 • Dial-A-Ride: 360-385-4777

 **King County Ferry District**
 201 South Jackson Street • Seattle, WA 98104-3856
 206-684-1551 • TTY: 711

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

 **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**
 790 East Johns Prairie Road • 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
 206-515-3460

 **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

Regional Reduced Fare Permit for Senior and Disabled Persons

Medical Eligibility Criteria and Conditions



Available in Accessible Format

February 2015

Clallam Transit

Community Transit

Everett Transit

Intercity Transit

Jefferson Transit

King County
Ferry District

King County
Metro Transit

Kitsap Transit

Mason Transit

Pierce County Ferries

Pierce Transit

Skagit Transit

Sound Transit

WSDOT Ferries Division (WSF)

Whatcom Transportation Authority

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.

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:

1. Is now eligible for Social Security Disability Benefits or now receives Supplemental Security Income Benefits because of disability.
2. Has a valid Medicare card issued by the Social Security Administration.
3. Has a valid ADA Paratransit card from outside the region.
4. Is currently participating in a vocational career program with the Washington State Individual Educational Program (IEP).
5. 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):

1. Has a valid Regional ADA Paratransit card.
2. Has obvious physical impairments meeting one or more of the medical criteria listed to the right.
3. 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 Ferry District, 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 RRFP 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?

There is no fee to obtain a new 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 RRFP 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/boarded 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/boarded 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.



Application for Regional Reduced Fare Permit (RRFP) for Senior and Disabled Persons

There is no charge for the first Permit. A replacement Permit is \$3.

This application is available in accessible format.

Note: Applicants must be at least 6 years old to be eligible for a RRFP.

Please Print

Name _____
First Middle Last

Address _____

City _____ State _____ ZIP _____

Date of Birth _____ Phone _____

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

FRONT

Please read 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.
- 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 (insert 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*.
- 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

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 _____

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 _____

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 RRFP 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.