



APPLICATION FOR E-TRAN SENIOR/ PERSONS WITH DISABILITIES DISCOUNT CARD

If you have a Paratransit or **e-van** ADA card, Medicare Card, RT Senior or Disabled photo ID card, State of California ID card, Senior ID card issued by another transit agency, DMV Placard or a passport showing date of birth, you do not need an **e-tran** Senior/Persons with Disabilities Card. Show one of the above listed cards to receive the Senior/Persons with Disabilities discount when riding **e-tran** or purchasing a monthly pass.

To be eligible for an **e-tran** Senior/Persons with Disabilities Card you must be sixty-two (62) years of age or over, or have a disability that makes using **e-tran** extremely difficult. If you are eligible, an **e-tran** Senior/Persons with Disabilities Card will be mailed to you within 21 days after the receipt of the application.

If you are 75 years old or older, your rides are free on **e-tran**.

APPLICATION INSTRUCTIONS:

1. Do not apply for this **e-tran** Senior/Persons with Disabilities Card if you have a card listed above. You may use these other cards to purchase senior/persons with disabilities monthly pass or pay for discount fares.
2. If you do not have a card listed above and you are applying for the discount card on **basis of age, please complete steps 1 and 2 only.**
3. If applying for an **e-tran** discount card because of **disability, complete both sides** of this application.

STEP 1 TO BE COMPLETED BY ALL APPLICANTS (PLEASE PRINT)

NAME: _____ PHONE: _____

MAILING ADDRESS: _____
Street/P.O. Box City Zip

DATE OF BIRTH: _____ APPLICANT SIGNATURE _____

STEP 2 CHECK ONE BOX ONLY

A. Senior - 62 and older. Attach a photocopy of birth certificate, driver's license, or passport showing age and send in with application. **No other steps are necessary.**

B. Lifetime Pass – 75 and older. Attach a photocopy of birth certificate, driver's license, or passport showing age and send in with application. **No other steps are necessary. With this pass, you will receive free rides on e-tran for life.**

C. Person with a Disability - In Step 3, describe your disability and how it makes using an **e-tran** bus extremely difficult. Have steps 4 and 5 filled out by your physician or certifying agency.

PLEASE COMPLETE FORM AND MAIL TO: CITY OF ELK GROVE, TRANSIT, 10250 IRON ROCK WAY, ELK GROVE, CA 95624 OR FAX TO (916) 714-4635.

The following information MUST be completed for persons with disabilities applicants

STEP 3 PLEASE EXPLAIN DISABILITY COMPLETELY. A description of the disability and a complete explanation of **HOW** the disability makes riding **e-tran** extremely difficult must be included. **By itself, a diagnosis or simple description of the disability is not sufficient.** The explanation must be verified by your physician, independent living counselor, physical therapist, social worker, or human services agency representative, who will also need to sign in Step 5.

Examples

- Vision impairment makes it difficult to board buses
- Cardiac condition makes walking to the bus stop difficult
- Cognitive disability makes it hard to remember and follow directions
- Extreme sensitivity to temperature makes standing at a bus stop difficult

Riding e-tran is extremely difficult because: (what is the problem and why is it difficult to ride the bus) _____

Condition is : Permanent
 Temporary - - from: _____ to: _____

STEP 4 THIS SECTION MUST BE FILLED OUT BY PHYSICIAN OR CERTIFYING AGENCY. Does the applicant require physical assistance getting on or off the bus or need help negotiating the bus service? (*Persons with disabilities attendants ride free when assisting passengers on or off e-tran. Fraudulent use of an attendant is considered fare evasion and is against the law.*)

_____ **Yes - The applicant requires the assistance of an attendant.**

_____ **No - The applicant does not require the assistance of an attendant.**

STEP 5 THIS SECTION MUST BE FILLED OUT BY PHYSICIAN OR CERTIFYING AGENCY. Please complete this section and verify with your signature the explanation of disability noted in Step 3.

 Name of Certifying Person (Print)

 Signature

 Title

 Telephone

 Agency/Medical Facility

 Address

 Date

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