

# Half-Fare Program for Seniors and People with Disabilities

Under this program, seniors and people with disabilities may travel on StaRT fixed routes for half the regular fare at all times.

## WHO SHOULD APPLY

Seniors, 65 years of age and older and people with disabilities who can use the accessible bus. See Part C on page three for guidance. The minimum age to apply for this program is 5 years old.

## COMPLETING THE APPLICATION

- Read the entire application and complete Part A on page two.
- **People with Disabilities-** Take the application to your healthcare professional for certification of Part B & Part C on page 2. One of the following health care professionals must certify you to qualify for a Half-Fare ID Card: Physician, Physician's Assistant, Nurse Practitioner, Physical Therapist, Audiologist (hearing disabilities only), Optometrist (visual disabilities only), Podiatrist (foot and ankle disabilities only), Licensed Clinical Psychologist (psychiatric disabilities only) or Certified School Psychologist.  
**Seniors 65+-** Provide certified verification of age along with the completed application Part A.
- Healthcare professionals must review Part C: Guidelines for Health Care Professionals on page three.

## SUBMITTING YOUR APPLICATION

Bring or mail the original, completed application to the Stanislaus County Public Works- Transit Division, located at 1010 10th Street, Suite 4204, Modesto, CA 95354. The office is open Monday through Friday from 8:00 a.m. to 4:30 p.m. The office is closed on weekends and federal holidays. The application must be received by StaRT within 60 days of the healthcare professional's signature. Applications will not be accepted by fax or email.

## ELIGIBLE APPLICANTS MUST BRING

The original, completed application and a valid photo ID (One of the following: Drivers' license, non-drivers' ID, passport, government or school-issued ID card).

## HALF-FARE CARD

The valid Half-Fare ID Card must be in the possession of the card holder at all times while riding a StaRT bus. The Half Fare ID Card must be presented when paying by cash or on demand to bus operators. Half-Fare ID cards used in any unlawful manner will be confiscated.

## REPLACING A LOST CARD

If you lose your valid Half-Fare ID card, you may obtain a replacement. A fee of \$5 is charged for the first replacement and \$10 for each subsequent replacement. The fee may be waived upon receipt of a police report documenting theft or if the card is tattered or damaged.

## RENEWING YOUR CARD

You must complete a new application to renew your StaRT Half-Fare ID Card. You can't reapply more than 30 days prior to the current expiration date on your Half-Fare ID Card.

## APPEAL PROCESS

If you are determined ineligible for the Half-Fare Program for People with Disabilities, you may appeal the decision. To obtain a copy of the Half-Fare Program Appeal Process policy, contact StaRT at 209-525-4311.

**Eligibility determinations are governed by the StaRT Fare Program policies in effect on the date the application is received.**

STANISLAUS COUNTY PUBLIC WORKS- TRANSIT DIVISION  
1010 10TH STREET SUITE 4204 | MODESTO, CA 95354 | 209-525-4311

REV 6/2016

## Part A: Applicant Information and Release

Please provide all information in print or type.

Name (Last, First, MI): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone/TTY: \_\_\_\_\_  
Email: \_\_\_\_\_ Gender(circle): M F  
Previous ID Cardholder? (circle) Yes No  
Local Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Original signature of Applicant (under 18, signature of parent or guardian)

Date

\*\*\*Seniors 65 and above- Only Part A needs to be completed along with providing valid age verification in one of the following forms: Valid State ID or Driver's License, Medicare Card, Medicaid, or another transit agency's Dial-A-Ride or ADA Discount cards for seniors or persons with disabilities.

## Part B: Health Care Professional

Please provide all information in print or type.

I authorize the health care professional completing this application to release information about my disability.

(Original signature of Applicant (under 18, signature of parent or guardian)

Date

The remainder of Part B must be completed by a licensed or certified health care professional (see page one) and must be received by StaRT within 60 days of the health care professional's signature. Information on this application will remain on file with StaRT and is not subject to public review.

Name of Health Care Professional: \_\_\_\_\_  
License Number/State Issued: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Check One: \_\_\_\_\_ Physician: (Specialty) \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
\_\_\_\_\_ Physician's Assistant \_\_\_\_\_ Nurse Practitioner \_\_\_\_\_ Audiologist \_\_\_\_\_ Podiatrist  
\_\_\_\_\_ Optometrist \_\_\_\_\_ Licensed Clinical Psychologist \_\_\_\_\_ Certified School Psychologist

Review Part C: Guidelines for Health Care Professionals on page four and provide all appropriate guideline numbers and detailed information below regarding the applicant's disability. Specific DSM or ICD code(s) and a specific diagnosis are required.

(MUST BE COMPLETED TO DETERMINE ELIGIBILITY)

Guideline Number(s): \_\_\_\_\_ DSM Code(s) \_\_\_\_\_ or ICD Code(s) \_\_\_\_\_ Specific Diagnosis \_\_\_\_\_  
Does the applicant require a personal care attendant to use public transportation all or sometimes? (circle) Yes No

Expected Duration of Disability:

\_\_\_\_\_ Temporary: Short-term conditions likely to improve within one year

\_\_\_\_\_ Expected End Date: \_\_\_\_\_

\_\_\_\_\_ Standard: Conditions with potential for improvement or long periods of remission

Original Signature of Health Care Professional OR Facility Stamp

Date

### StaRT Office Use Only

ID Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Issued by: \_\_\_\_\_

Issued Date: \_\_\_\_\_

# Part C: Guidelines for Health Care Professionals

**The following guidelines are to be used to determine eligibility for the StaRT Half-Fare Program for Seniors and People with Disabilities. Health care professionals with questions, please call: 209-525-4311**

**1. NON -AMBULATORY:** An individual is unable to walk and requires the use of a wheelchair or other mobility device.

**2. SEMI-AMBULATORY:** An individual has a chronic condition which substantially limits the ability to walk, or is unable to walk without the use of a caliper leg brace, walker or crutches.

**3. AMPUTATION:** An individual has an amputation of one or both hands, arms, feet or legs.

**4. STROKE:** An individual has substantial functional motor deficits in any of two extremities, loss of balance and/or cognitive impairments three months post stroke.

**5. NEUROLOGICAL CONDITIONS OTHER THAN STROKE:** An individual has difficulty with coordination, communication, social interaction and/or perception from a brain, spinal or peripheral nerve injury or illness, has functional motor deficits, or suffers manifestations that significantly reduce mobility. A specific diagnosis is required.

**6. PULMONARY OR CARDIAC CONDITIONS:** An individual has a pulmonary or cardiac condition resulting in marked limitation of physical functioning and dyspnea during activities such as climbing steps and/or walking a short distance. If diagnosis is asthma, please state whether: a) individual has been on systemic medication for the immediate past six months, OR b) individual has been required to use fast acting inhaler for three or more episodes per week for the immediate past six months. A specific diagnosis is required.

**7. BLIND OR LOW VISION:** An individual is legally blind, whose visual acuity in the better eye, with correction, is 20/200 or less, or who has tunnel vision to 10 degrees or less from a point of fixation or so the widest diameter subtends an angle no greater than 20 degrees. An individual has low vision, and whose visual acuity is in the range of 20/70 to 20/200 with best correction.

**8. DEAF OR HARD OF HEARING:** An individual with a pure tone average greater than 70 dB in both ears, regardless of use of hearing aids.

**9. EPILEPSY:** An individual has had at least one tonic-clonic seizure within the past four months.

**10. DEVELOPMENTAL OR LEARNING DISABILITIES:** An individual has a significant learning, perceptual and/or cognitive disability. Some conditions are excluded from eligibility such as attention deficit disorder (ADD) and ADHD. A specific diagnosis is required.

**11. MENTAL ILLNESS:** An individual whose mental illness includes a substantial disorder of thought, perception, orientation, or memory that impairs judgment and behavior. A specific diagnosis is required.

**12. CHRONIC PROGRESSIVE DEBILITATING CONDITIONS:** An individual who experiences debilitating diseases, autoimmune deficiencies or progressive and uncontrollable malignancies, any of which are characterized by fatigue, weakness, pain and/or changes in mental status that impair mobility. A specific diagnosis is required.