Salem Area Mass Transit District
285 Church St. SE
Salem, OR 97301

Special Citizen Program Application

WHAT IS THE SPECIAL CITIZEN PROGRAM?

The SAMTD Special Citizen Program provides discounted bus fares for eligible individuals.

WHO IS ELIGIBLE?

1. An eligible person is one who meets the Federal Transit Administration's (FTA is a department of the United States Department of Transportation) definition of disabled, which is, "*disabled persons means any individual who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary disability, are unable, without special facilities or special planning or design, to utilize mass transportation and services as effectively as persons who are not so affected*"; or

2. Persons who present a Medicare card; or

3. Persons who are 60 years of age or older.

ARE THERE DIFFERENT LEVELS OF ELIGIBILITY?

Eligibility can either be permanent or temporary.

A **Permanent** means any impairment that is expected to last a lifetime that impairs an individual's ability to ride the bus.

B. **Temporary** means any impairment that is expected to last for a period of not less than three months and not more than twelve months.

Applicants will be issued a photo identification card to be use for reduced fare.

No charge will be made for the original card; replacements for lost or stolen cards will cost five dollars ($5.00).

APPLICATION

Please complete in full:

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Birthdate:_____

Emergency Contact Person:_____

Relationship to Applicant:_____

Emergency Phone Number:_____

I am applying for a Special Citizen I.D. Card on the following basis:
(Please check only one)

- ❑ I am providing proof of eligibility and am receiving Social Security Disability Benefits or Supplemental Security Income Benefits due to disability.
- ❑ I am 60 years of age or older.
- ❑ I am providing proof of current eligibility by the Veterans Administration as having a disability.
- ❑ I am presenting a valid Medicare card issued by the Social Security Administration.
- ❑ I am providing a valid Special Citizen I.D. Card issued by _____
  _____
- ❑ I have an apparent impairment meeting one or more of the medical criteria listed in the *Definitions of Disabilities* section.
- ❑ I am medically disabled as certified by a Physician, Psychiatrist, Psychologist (Ph.D.),Audiologist, or other qualified professional licensed in the State of Oregon. SAMTD reserves the right to contact your Health Care Provider for verification.

Applicant's Signature _____Date_____

DEFINITIONS OF DISABILITIES

Indicate the disability that keeps this applicant from using Cherriots buses as effectively as someone without such limitations:

1. ☐ Wheelchair/Non-Ambulatory: requires use of wheelchair or three-wheeler for transportation that prevents independent mobility.

2. ☐ Restricted Mobility/Semi-Ambulatory: causes difficulty walking and requiring use of mobility aid (such as a cane or walker), and prevents independent mobility.

3. ☐ Arthritis: causes a functional motor defect in any two major limbs, and prevents independent mobility.

4. ☐ Loss of Extremities: with loss of major function that prevents independent mobility.

5. ☐ Head injury: with functional motor defect that prevents independent mobility.

6. ☐ Respiratory Impairment (dyspnea): occurs during activities such as climbing one flight of stairs, walking 200 yards on the level, or less exertion, or even at rest.

7. ☐ Cardiac Disease: results in marked limitation of physical activity.

8. ☐ Disorders of the Spine: fractures with motor and sensory loss, osteoporosis with pain and limitation of movement, that prevents independent mobility.

9. ☐ Nerve Root Compression Syndrome: with pain and motion limitation in back of neck that prevents independent mobility

10. ☐ Motor Impairment: due to faulty coordination or palsy from brain, spinal, or peripheral nerve injury that prevents independent mobility.

11. ☐ Visual Impairment: that prevents independent mobility.

12. ☐ Hearing Impairment: that prevents independent mobility.

13. ☐ Development Disabilities: that prevents independent mobility.

14. ☐ Autism: that prevents independent mobility.

15. ☐ Neurological Impairment: caused by cerebral palsy, muscular dystrophy, multiple sclerosis, seizure disorder, or other neurological impairments not controlled by medication, and prevents independent mobility.

16. ☐ Mental Impairment: to the degree that independent mobility is prevented

17. ☐ Other _____

TO BE COMPLETED BY THE CERTIFYING AGENT:

I certify that _____, can be defined as disabled
(Print Name of Applicant)
according to the Federal Transit Administration's definition of disabled (as noted on page 1).

I have marked the appropriate section(s) on Page and believe this applicant should be certified _____ eligible.
*(either *Temporarily/Permanently*)*

*Length of temporary disability is estimated to be _____
(Numbers of Months)

COMMENTS regarding applicant's disability:
_____
_____
_____
_____
_____

****

*Certifying Agent/Physician Name:*_____

*Agency Name & Address/Physician's Address:*_____

*Agency Phone Number/Physician's Phone Number:*_____

Are you a licensed Physician? ☐ *YES* ☐ *NO*

_____ _____
(Signature of Certifying Agent/Physician) *(Date)*

For more information, call SAMTD Customer Service at 588-2877.
Spanish translations can be requested.