



INSTRUCTIONS ON HOW TO APPLY

For a Reduced Fare Identification Card

To avoid a delay in processing of the identification card, this application must be filled out in its entirety. **PHOTOCOPIED OR FAXED SIGNATURES ARE NOT ACCEPTED.**

Which form to use:

1. Use the Reduced Fare Identification Automatic Approval Eligibility Short Form

If you have been issued one of the following identification cards:

- Medicare Identification Card (white card with red and blue stripes)
- Department of Motor Vehicles (DMV) Disabled Person Placard Identification Card
- Braille Institute Identification Card
- Disabled Veteran Service-Connected Identification Card
- Other Transit Agency Disabled Identification Card (not OCTA)

2. Use the Reduced Fare Identification Long Form if you need a doctors authorization or are in a Special Education Program

Complete ALL SECTIONS on page 1 and SECTION VII on Page 4

- If your eligibility is approved by **Orange County Behavioral Health**. Your application will be submitted to OCTA by Behavioral Health through your Care Coordinator or Case Manager.
- If your **Doctors Authorization** is needed give the application to your health care professional for completion. Any of the professionals listed on the top of Page 5 in Section IX of the application may certify your eligibility, as indicated, for the OCTA Reduced Fare Identification Card. Mail the completed application to OCTA at the address located below.
- If you are a student in an elementary, junior/middle or senior high school and are currently enrolled full-time in a **Special Education Program**, you must have the School Psychologist or Special Education Coordinator of your school complete SECTION VI (Certification of Disability). Mail the completed application to OCTA at the address located below.

After your application is reviewed and all information is verified, and if your application is approved, you will receive an Eligibility Approval Form from OCTA which includes instructions on how to obtain your photograph and identification card. There is no fee the time your photo is taken. The fee for replacement RFID cards is \$4.00.

If your application is denied, you will receive written notification from OCTA that will include a statement as to the reason(s) for the denial. You may appeal OCTA's denial of your eligibility by submitting a written appeal to OCTA within 14 days of the date of the denial notice from OCTA. Your appeal should explain the reason(s) for your request for a review and reconsideration of your eligibility.

If you have any questions regarding this application, please call (714) 560-5596 - Monday through Friday 8:00 a.m. to 2:00 p.m.

Mail to: OCTA RFID / PO Box 14184 / Orange / California 92863-1584



REDUCED FARE IDENTIFICATION CARD APPLICATION

Approval Eligibility Long Form with Doctor's Authorization

OCTA USE ONLY		
ID No:	Code:	Exp Date:

SECTION I – INSTRUCTIONS FOR APPLICANT

NOTE: This application is ONLY for persons with disabilities that do not qualify under the automatic approval criteria. If you qualify for any of the automatic approval criteria, please fill out the **RFID Automatic Approval Eligibility Short Form**. This is **NOT** an application for **ACCESS Service**. To request an appointment for an in-person evaluation for ACCESS Service, please call (714) 560-5956 ext. 2.

Please read each section carefully and follow the instructions based on the eligibility option that best applies to you.

SECTION II: CERTIFICATION OF ELIGIBILITY

Please mark your eligibility for an OCTA Reduced Fare ID Card below. Please mark only one option.

- ORANGE COUNTY BEHAVIORAL HEALTH**
Check here if applicant eligibility is approved by Orange County Behavioral Health. Your application will be submitted by Behavioral Health through your Care Coordinator or Case Manager.
- DOCTOR AUTHORIZATION FOR MEDICAL DISABILITY**
This application must be given to a health care professional. Health Care Professional must fill out **Section V** based on Eligibility Criteria listed in **Section IX**.
- FULL TIME SPECIAL EDUCATION PROGRAM**
This application must be given to a Special Education Coordinator or School Psychologist. They must fill out **Section VI** based on Eligibility Criteria listed in **Section IX**.

SECTION III – APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt. #: _____

City: _____ State: CA Zip Code: _____ - _____

Phone Number: () _____ - _____ Date of Birth: ____ / ____ / ____

Email Address: _____

SECTION IV: APPLICANT SIGNATURE

I declare, under penalty of perjury under the laws of the State of California, that the responses I have given are true.

_____ Date

Applicant's Signature



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SECTION V: DOCTOR AUTHORIZATION FOR MEDICAL DISABILITY

Applicants must have a medical disability listed under the eligibility criteria. **Reduced Fare ID cards are not issued for socio-economic purposes.**

Doctor's Name: _____ License #: _____

Address: _____ Fl. / Bldg.#: _____

City: _____ State: CA Zip Code: _____

Phone Number: () - -

NOTE: Physician's Assistants and Nurse Practitioners **are not authorized** to authorize disabilities on this form. Expanded explanation of **Eligibility Criteria** is listed on **Section IX**.

I hereby certify that the applicant's disability or handicap meets the criteria for a **Reduced Fare Identification Card**.

- 1. Non-Ambulatory (*impairments requiring use of a wheelchair*)
- 2. Mobility Disorders
- 3. Amputation
- 4. Function Motor Deficit
- 5. Musculo-Skeletal
- 6. Convulsion Disorders
- 7. Pulmonary
- 8. Cardiac (*Functional Class III/IV & Therapeutic Class C/D/E*)

- 9. Dialysis
- 10. Hearing Disabilities
- 11. Sight Disabilities
- 12. Infantile Autism
- 13. Intellectual Disability
- 14. Mental/Emotional Disorders
- 15. Neurological Impairments
- 16. Chronic Progressive Debilitating Disorders

Please see Section IX for expanded definitions.

REQUIRED FIELD

(Important - For Approval)

Classification Number: _____

In my professional judgment this applicant's ID card should be approved for:

- 3 Months
- 6 Months
- 1 Year
- 2 Years
- 3 Years
- 4 Years

Identification cards may not be issued for a duration less than 3 months or more than 4 years.

I understand that failure to certify disabilities in accordance with the above guidelines will result in cancellation of my certification privileges. I hereby declare under penalty of perjury that the information provided is true and correct.

Doctor's Signature

Date



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SECTION VI: CERTIFICATION OF DISABILITY FOR SPECIAL EDUCATION PROGRAM

Student applicants must have a medical disability listed under the eligibility criteria and be enrolled **full-time** in a Special Education program. **Reduced Fare ID cards are not issued for socio-economic purposes.**

School: _____ Grade: _____

Hours per week enrolled in Special Education: _____

School _____

City: _____ State: CA Zip Code: _____ - _____

Phone Number: () _____ - _____

NOTE: School Psychologist or Special Education Coordinator may list All Classifications of the Eligibility Criteria. Expanded explanation of Eligibility Criteria is listed on Section IX.

I hereby certify that the applicant's disability or handicap meets the criteria for a Reduced Fare Identification Card.

- 1. **Non-Ambulatory** (*impairments requiring use of a wheelchair*)
- 2. **Mobility Disorders**
- 3. **Amputation**
- 4. **Function Motor Deficit**
- 5. **Musculo-Skeletal**
- 6. **Convulsion Disorders**
- 7. **Pulmonary**
- 8. **Cardiac** (*Functional Class III/IV & Therapeutic Class C/D/E*)

- 9. **Dialysis**
 - 10. **Hearing Disabilities**
 - 11. **Sight Disabilities**
 - 12. **Infantile Autism**
 - 13. **Intellectual Disability**
 - 14. **Mental/Emotional Disorders**
 - 15. **Neurological Impairments**
 - 16. **Chronic Progressive Debilitating Disorders**
- Please see Section IX for expanded definitions.

REQUIRED FIELD

(Important - For Approval)

Classification Number:

In my professional judgment this applicant's ID card should be approved for:

- 3 Months
- 6 Months
- 1 Year
- 2 Years
- 3 Years
- 4 Years

Identification cards may not be issued for a duration less than 3 months or more than 4 years.

I understand that failure to certify disabilities in accordance with the above guidelines will result in cancellation of my certification privileges. I hereby declare under penalty of perjury that the information provided is true and correct.

School Psychologist / Special Education Coordinator Name
(please print)

School Psychologist / Special Education Coordinator
Signature

Date



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SECTION VII: MEDICAL INFORMATION RELEASE

In connection with my application for a **Reduced Fare Identification Card** with the **Orange County Transportation Authority**, I hereby authorize the signing physician listed below to release to the **Orange County Transportation Authority** medical or other pertinent information regarding my disability. The information released will be confined to verification of my status as a patient and the designation of my disability category. The information released will be used solely to determine my eligibility for the **Reduced Fare Identification Card**. I understand I may revoke this authorization at any time. Unless earlier revoked, this form will permit the health care professional who is certifying my disability to release the information described until 60 days after the date appearing below.

Name of Doctor (please print)

Name of Applicant (please print)

Applicant's Signature

Date

SECTION VIII: APPLICATION RETURN INFORMATION

Return application in person:

OCTA Store
600 S. Main Street
Orange, CA 92868

Return application by mail:

OCTA RFID
PO BOX 14184
Orange, CA 92863

Applicants will be issued an approval notice by mail in approximately 10-14 business days upon review of their application. Applications are sent out for processing every Tuesday morning barring holidays. Once an approval notice is received, applicants can come to the **OCTA Store** Monday through Friday between 8:00 a.m. – 5:00 p.m. with a valid ID card to pick up their ID Card. If an application is denied, the applicant will receive a written notification that will include the reason(s) for denial. Applicants may then correct applications or appeal denial of eligibility within 14 days of the date of denial notice.

For questions regarding the RFID Application please call:

(714) 560-5596

Monday - Friday between 8:00 a.m. – 2:00 p.m.

The **Orange County Transportation Authority** reserves the right to make final determination of eligibility for reduced fare identification cards. This application is for internal use only and will not be subject to public view. It is understood that the issuance of reduced fare identification card is for the purpose of identification on transit services; it is not transferrable and ID cards are property of **OCTA**.



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SECTION IX: EXPANDED ELIGIBILITY CRITERIA

Applicant must meet one of the Eligibility Criteria listed on the following pages. Questions regarding eligibility should be directed to (714) 560-5596.

MD & DO: All Classifications	OPTOMETRIST: Classification 11	PODIATRIST: Classifications 1 - 5	AUDIOLOGIST: Classification 10
CHIROPRACTORS: Classification 1 - 5	Clinical Psychologist: Classification 14	School Psychologist/ Special Education Coordinator: All Classifications	
Qualified Rehabilitation Professional (QRP) All Classifications	PHYSICIAN'S ASSISTANTS AND NURSE PRACTITIONERS MAY NOT AUTHORIZE AN APPLICANT'S DISABILITY. APPLICATION WILL BE DENIED.		

1. NON-AMBULATORY

Impairments that, regardless of cause, make the use of a wheelchair necessary.

2. MOBILITY DISORDERS

Impairments that require individuals to use functional limb orthotics or longer leg brace, a walker or crutches to achieve mobility.

3. AMPUTATION

Individuals with amputation of, anatomical deformity of, traumatic loss of muscle mass or tendons, X-ray evidence of bony or fibrous ankyloses at an unfavorable angle, joint subluxation or instability of:

- a. Both hands
- b. One hand and one foot
- c. Amputation of lower extremity at or above tarsal region

4. FUNCTION MOTOR DEFICIT

Individuals with paralysis, in coordination, or function motor deficit in any two limbs due to brain, spinal or peripheral nerve injury including paraplegia, quadriplegia and hemiplegia.

5. MUSCULO-SKELETAL

Individuals with musculo-skeletal impairments and instability such as muscular dystrophy, multiple sclerosis, osteogenesis imperfecta, or severe arthritis as specified below:

American College of Rheumatology criteria to be used for the determination of arthritic ability. Therapeutic Grade III or worse, Functional Class III or worse and Anatomical Grade III or worse are evidence of arthritic disability.

A diagnosis of Grade III arthritis entails corroborative testing confirming that one or more of the following exists:

- a. Positive serologic test for rheumatoid arthritis
- b. Antinuclear antibodies
- c. Elevated sedimentation rate
- d. Characteristic histologic changes in biopsy of synovial membrane or subcutaneous nodule.

6. CONVULSION DISORDER

Individuals who have epilepsy, convulsions or seizures involving impairment of consciousness which occurs more frequently than once a month despite prescribed treatment.



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7. PULMONARY

Individuals with a respiratory impairment Class III or greater, as defined by *The Journal of the American Medical Association Guides to the Evaluation of Permanent Impairment, The Respiratory System*, 11/22/1976

8. CARDIAC

Individuals with cardiovascular impairments of Functional Class III or IV and therapeutic classification Classes C, D or E as defined by *Diseases of the Heart and Blood Vessels – Nomenclature and Criteria for Diagnosis*, 6th Edition, Boston, Little, Brown and Company by the New York Heart Association.

9. DIALYSIS

Individuals who must use a kidney dialysis machine to live.

10. HEARING DISABILITIES

Deafness or hearing loss that makes individual unable to hear warning signals. Persons whose hearing loss is 70 dba or greater in the 500, 1000, and 2000 Hz ranges.

11. SIGHT DISABILITIES

Individuals whose visual acuity in the better eye, after best correction, is 20/200 or less; or those individuals whose visual field is contracted to 10 degrees or less from a point of fixation or subtends to an angle no greater than 20 degrees.

12. INFANTILE AUTISM

Individuals with a syndrome described as consisting of withdrawal, inadequate social relationships, language disturbance and monotonously repetitive motor behavior. Many children with autism may also be seriously impaired in general intellectual functioning.

13. INTELLECTUAL DISABILITY

Individuals with Intellectual Disability resulting from an impairment in adaptive behavior, with an IQ two standard deviations or more below the norm, or 72.

14. MENTAL/EMOTIONAL DISORDERS

Individuals with a mental or emotional impairment listed in the Diagnostic and Statistical Manual IV of the American Psychiatric Association.

15. NEUROLOGICAL IMPAIRMENTS

Individuals with a neurological disorder due to brain dysfunction or damage to the central nervous system, including cerebral palsy, resulting in aberration of motor functions; or due to brain dysfunction or damage which impairs cognitive functioning.

16. CHRONIC PROGRESSIVE DEBILITATING DISORDERS

Individuals who experience chronic and progressive debilitating diseases that are characterized by constituting symptoms such as fatigue, weakness, weight loss, pain and changes in mental status that, taken together, interfere in the activities of daily living and significantly impair mobility. Following are examples of such disorders:

- a. Progressive and uncontrollable malignancies (*i.e. terminal malignancies being treated with aggressive radiation or chemotherapy*)
- b. Advanced connective tissue disease (*i.e. advanced stages of disseminated lupus erythematosus, scleroderma or polyarteritis nodosa*)
- c. Symptomatic HIV infection (*i.e. AIDS or ARC in CDC-defined Clinical Group IV, Subgroups A-E*)