



Customers with Disabilities

Fare-free unlimited use ASUCD Unitrans Disabled Pass. Please review the eligibility criteria; if eligible for a pass, please complete application in its entirety. Please note, a physician certification signature is required to receive the pass. Unitrans driver may request ID for verification at the time of boarding. Without a disabled pass from Unitrans or a partner transit provider or Medicare card, the fare is \$1.25.

1. Request type New Replacement

2. Applicant photo ID (required) Attach a photocopy of photo ID for proof of identity (e.g., state ID card, driver's license, or passport)

3. Applicant information

Last Name	First Name	Middle Name or Initial
Street Address	Apt #	
City, State, Zip	Birth Date	
Email	Telephone Number	

4. Applicant signature

I understand that I may lose the use of my free ASUCD Unitrans Disabled Pass if I misuse the pass, or if I purposely mark, tag, or damage the pass. I understand that my ASUCD Unitrans Disabled Pass is non-transferable. I hereby certify that the information provided above is true and correct.

Applicant Signature	Date
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5. Physician certification

I certify that _____ (please print person's name) meets the Regional Transit /Unitrans Eligibility Criteria attached, Section # _____ and is eligible for a discount fare.

Permanently Temporarily - Length of temporary disability: _____

After reviewing the eligibility criteria, I certify that the disabled person named herein meets the requirements outlined in the above-noted section number.

Please type/print name of certifying person	Phone No.
Signature of certifying person	Address
Date	City/Zip
Physician's License Number (if applicable)	

6. Application checklist

A completed application contains the following:

- Completed application form: **Sections 1-5**
- Copy of official photo ID (Choose one: current state ID card, driver's license, or passport).
- Physician Certification

You may submit your completed application packet by mail only to:

► Mail to:
ASUCD Unitrans
One Shields Ave, 5 South Hall
Davis, CA 95616-5270

An ASUCD Unitrans Disabled Pass will be mailed to the eligible applicant within 5-7 business days. Please allow additional time for mailed applications. The ASUCD Unitrans Disabled Pass is non-transferable.

7. Lost, stolen or destroyed ASUCD Unitrans Disabled Pass

Call ASUCD Unitrans Business Office immediately at 530-752-2877. ASUCD Unitrans Disabled Pass replacement requests are eligible every 12 months from the day of issuance.

8. For more information

Visit unitrans.ucdavis.edu/fares/, call 530-752-2877 or email unitrans@ucdavis.edu

SACRAMENTO REGIONAL TRANSIT DISTRICT

ELIGIBILITY CRITERIA FOR DISABLED DISCOUNT FARE

PHYSICAL DISABILITIES

Section 1.

Ambulatory Disabilities - Persons with a physical disability that confines them to wheelchairs.

Section 2.

Mobility Aids - Persons with a physical disability that causes difficulty or insecurity in walking, requiring the use of mobility aids such as a long leg brace, a walker, or crutches.

Section 3.

Arthritis - Persons with arthritis which causes a functional motor deficit in any two significant limbs (arms and/or legs) or Functional Class III or worse disability as defined by the American College of Rheumatology as shown below:

Class III Able to perform usual self-care activities, but limited in vocational and avocational activities

Class IV Limited in the ability to perform usual self-care, vocational and avocational activities

Usual self-care activities include dressing, feeding, bathing, grooming, and toileting. Avocational (recreational and/or pleasure) and vocational (work, school, homemaking) activities are desired and age- and sex-specific.

Section 4.

Amputation - Persons with loss of a major function due to amputation of, or anatomical deformity, (degenerative changes associated with vascular or neurological deficits, traumatic loss of muscle mass or tendons, and x-ray evidence of bony or fibrous ankylosis at an unfavorable angle, joint subluxation or instability) of:

- A. Both hands; or
- B. One hand and one foot; or
- C. Amputation of the lower extremity at or above the tarsal region (one or both legs)

Section 5.

Cerebrovascular Accident (Stroke) - Persons who, due to a stroke, have one of the following disabilities:

- A. Pseudobulbar palsy; or
- B. Functional motor deficit in any of two extremities; or
- C. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss

Section 6.

Pulmonary Ills - Persons with respiratory impairment (dyspnea) as defined by the American Thoracic Society as moderate or more significant, as shown below:

Severity	Definition
Moderate	Have to stop for breath when walking at own pace on level ground
Severe	Have to stop for breath after walking about 100 yards or for a few minutes on level

ground
Very Severe Too breathless to leave the house, or breathless after dressing or undressing

The patient's lowest level of physical activity and exertion that produces breathlessness denotes the severity of dyspnea.

Section 7.

Cardiac Ills - Persons with cardiovascular disease as classified by the New York Heart Association as Functional Class III or IV and/or Therapeutic Class C, D or E as shown below:

Functional Classification of Cardiac Disease

Class Description

- III. Patient has cardiac disease resulting in marked limitation of physical activity; the patient is comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or angina pain.
- IV. Patient has cardiac disease resulting in the ability to carry on any physical activity without discomfort. Symptoms of inadequate cardiac output, pulmonary congestion, systemic congestion, or anginal syndrome may be present, even at rest; if any physical activity is undertaken, discomfort is increased.

Therapeutic Classification of Cardiac Disease

Class Description

- C Patients with Cardiac disease whose ordinary physical activity should be moderately restricted, and whose more strenuous efforts should be discontinued.
- D Patients with a cardiac disease whose ordinary physical activity should be markedly restricted.
- E Patients with cardiac disease who should be at complete rest, confined to bed or chair.

Section 8.

Dialysis - Persons who, in order to live, must use a kidney dialysis machine.

Section 9.

Sight Disabilities - Persons with a sight impairment as defined below:

- A. A person whose vision in the better eye after best correction is 20/200 or worse; or
- B. A person whose visual field is contracted (commonly known as tunnel vision);
 - 1. to 10 degrees or less from the point of affixation; or
 - 2. so the widest diameter subtends an angle no greater than 20 degrees

Section 10.

Hearing Disabilities - Persons with 50% bilateral hearing loss uncorrectable by the use of a hearing aid.

Section 11.

Coordination Disabilities - Persons with faulty coordination or palsy from brain, spinal or peripheral nerve injury and any person with a functional motor deficit in any two limbs or who suffer manifestations, which significantly reduces mobility, coordination, and perceptiveness not accounted for in previous categories.

DEVELOPMENTAL DISABILITIES

Section 12.

Mental Retardation - Persons with below-average intellectual function which originates during the developmental period and is associated with impairment in adaptive behavior, i.e., an IQ, which is two standard deviations or more below the norm. This section also applies to adults who, by reason of illness or accident, suffer mental retardation.

Section 13.

Neurological Impairment/Cerebral Palsy/Autism - Persons with neurological impairment, cerebral palsy or autism who have significant impairment of motor functions (paralysis or weakness) or sensory disorders, seizures, mental retardation, learning difficulty and behavioral disorders. This section includes persons with severe gait problems who are restricted in mobility.

Section 14.

Epilepsy - Persons with a clinical diagnosis of epilepsy characterized by major motor seizures occurring more frequently than once a month in spite of prescribed treatment with:

- A. Diurnal episodes (loss of consciousness and convulsive seizure); or
- B. Nocturnal episodes which show residuals interfering with activity during the day.

MENTAL DISABILITIES

Section 15.

Mental Disabilities - Persons with mental disabilities falling under one of the following categories:

- A. Persons with a specific and severe psychological diagnosis as outlined in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association and living in a board and care home, at home under supervision, or independently but treated in a recognized institution for major psychoses; or
- B. Persons who participate in an activity center workshop, training activity, or receiving service from a social service agency recognized by the County Mental Health Director. Disabled eligibility is limited to one year but may be renewed if participation continues.