



DISABLED CERTIFICATION FORM FOR DISCOUNT FARE ELIGIBILITY

I certify that _____ meets the eligibility criteria as
(PLEASE TYPE OR PRINT APPLICANT'S NAME)

disabled according to Section Number _____ of Yuba-Sutter
(SECTION NO. MUST BE COMPLETED BY CERTIFYING PERSON)

Transit's Disabled Eligibility Criteria and is _____ eligible for a discount fare.
(PERMANENTLY/TEMPORARILY)

Length of temporary disability _____
(NO. OF MONTHS)

Applicant's mailing address: _____
NO. STREET APT. NO. CITY STATE ZIP

Telephone _____ Birthdate _____
MONTH / DAY / YEAR

I, _____ agree to the release of this information
(SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE)

to Yuba-Sutter Transit for the purpose of eligibility certification as a senior or disabled rider.

.....
AFTER REVIEWING THE ELIGIBILITY CRITERIA, I CERTIFY THAT THE PERSON NAMED HEREIN MEETS THE ELIGIBILITY CRITERIA AS SET FORTH IN THE ABOVE NOTED SECTION NUMBER.

PLEASE TYPE / PRINT NAME OF CERTIFYING PERSON

SIGNATURE OF CERTIFYING PERSON

TITLE

ADDRESS

AGENCY

CITY, STATE, & ZIPCODE

TELEPHONE

CERTIFICATION DATE

APPLICANT:

To receive a Discount Fare Photo Identification Card, return original in person to:

**YUBA-SUTTER TRANSIT
2100 B STREET
MARYSVILE, CA 95901**

**Weekdays: 9:00 a.m.-Noon and 1:00 p.m.- 4:00 p.m.
CALL (530) 634-6880 FOR MORE INFORMATION**

DISABLED CERTIFICATION FORM PERSONAL CARE ATTENDAN ENDORSEMENT

I certify that _____ meets the Yuba-Sutter Transit eligibility
(PLEASE TYPE OR PRINT APPLICANT'S NAME)

criteria shown below and _____ requires a personal care attendant to effectively
(PERMANENTLY/TEMPORARILY)

travel throughout the community by means of public transportation.

Length of temporary attendant need _____
(NO. OF MONTHS)

Applicant's mailing address: _____
NO. STREET APT. NO. CITY STATE ZIP

Section 1. Applicant is eligible for an attendant endorsement of their disabled identification card because of a transportation dysfunctional impairment as confirmed by this statement. (Mark all appropriate categories.)

_____ 1. Applicant requires assistance in the use of a wheelchair to travel throughout the community.

_____ 2. Applicant has substantial difficulty in effectively utilizing public transportation without an attendant.

.....
AFTER REVIEWING THE ELIGIBILITY CRITERIA, I CERTIFY THAT THE PERSON NAMED HEREIN MEETS THE ELIGIBILITY CRITERIA AS SET FORTH IN THE ABOVE NOTED SECTION NUMBER.

PLEASE TYPE/PRINT NAME OF CERTIFYING PERSON

SIGNATURE OF CERTIFYING PERSON

AGENCY

ADDRESS

TELEPHONE

CITY

Physician's License # (if applicable) _____

CERTIFICATION DATE

Form Effective 06-01-2017.
Logo and design elements updated 01-15-2026.

H:\Current Forms 2026\Disability Cert Form.doc

P:\Website\Disability Cert Form.doc

YUBA-SUTTER TRANSIT DISABLED ELIGIBILITY CRITERIA

EFFECTIVE JUNE 1, 2017

INSTRUCTIONS

To Doctor and Designated Agency Personnel

HOW TO FILL OUT THE DISABLED CERTIFICATION FORM FOR DISCOUNT FARE ELIGIBILITY

PERSONS AUTHORIZED TO ISSUE CERTIFICATION

The CERTIFICATION FORM can be filled out only by a licensed physician or designated personnel of social service or health care agencies authorized by Yuba-Sutter Transit. In the case of agency personnel, a current signature card must be on file at Yuba-Sutter Transit in order for a CERTIFICATION FORM signed by such personnel to be accepted by Yuba-Sutter Transit.

DISCOUNT FARE ELIGIBILITY CRITERIA

Yuba-Sutter Transit offers a 50% fare discount for disabled persons on most services based on federal regulations. Disabled persons are defined in 49 CFR § 609.3 as follows:

[Disabled persons] means those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are nonambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected.

The following Yuba-Sutter Transit Disabled Eligibility Criteria sets forth the physical and/or mental impairments which entitle a person to receive Yuba-Sutter Transit's discount fare. Some persons may have permanent disabilities, while others may have only temporary disabilities. It is extremely important to note on the CERTIFICATION FORM the length of time of a temporary disability. Temporarily disabled individuals may be recertified if their condition continues.

Please fill out all of the spaces on the CERTIFICATION FORM and return the original to your client. Once your client returns it to Yuba-Sutter Transit, a Discount Fare Identification Card will be issued to your client at Yuba-Sutter Transit's office at 2100 B Street, Marysville.

Thank you for your cooperation. Please call the Yuba-Sutter Transit Administrative Office at (530) 634-6880 if you have any questions regarding the criteria or this process.

Form Effective 06-01-2017.
Logo and design elements updated 01-15-2026.

H:\Current Forms 2026\Disability Cert Form.doc
P:\Website\Disability Cert Form.doc

YUBA-SUTTER TRANSIT DISABLED ELIGIBILITY CRITERIA

PHYSICAL DISABILITIES

Section 1. Ambulatory Disabilities – Persons with a physical disability which confines them to wheelchairs.

Section 2. Mobility Aids – Persons with a physical disability that causes difficulty or insecurity in walking, requiring 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 major 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 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 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 I any of two extremities; or
- C. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss

Form Effective 06-01-2017.
Logo and design elements updated 01-15-2026.

H:\Current Forms 2026\Disability Cert Form.doc
P:\Website\Disability Cert Form.doc

Section 6. Pulmonary Ills – Persons with a respiratory impairment (dyspnea) as defined by the American Thoracic Society as moderate or greater as shown below:

<u>Severity</u>	<u>Definition</u>
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; patient is comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea or anginal pain.
- IV Patient has cardiac disease resulting in 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 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.

Form Effective 06-01-2017.
Logo and design elements updated 01-15-2026.

H:\Current Forms 2026\Disability Cert Form.doc
P:\Website\Disability Cert Form.doc

- 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 a point of fixation; 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 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 suffers 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. (Non-temporary condition)
- 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.

Form Effective 06-01-2017.
Logo and design elements updated 01-15-2026.

H:\Current Forms 2026\Disability Cert Form.doc
P:\Website\Disability Cert Form.doc

MENTAL DISABILITIES

Section 15. Mental Disabilities – Persons with mental disabilities falling under one of the following categories:

- A. Persons with a specific and severe psychologic diagnosis as set forth 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. (Non-permanent condition).

Form Effective 06-01-2017.
Logo and design elements updated 01-15-2026.

H:\Current Forms 2026\Disability Cert Form.doc
P:\Website\Disability Cert Form.doc