FORMULARIO DE SOLICITUD DE TARJETA DE CORTESÍA
(Esta solicitud requiere que un profesional con licencia complete la página 2)

Una tarjeta de cortesía de MST da derecho al poseedor de dicha tarjeta a recibir un descuento sobre los pases y boletos del autobús de MST. Como parte del proceso de calificación, se requiere que un profesional con licencia complete toda la información incluida en la página 2 de esta solicitud. La certificación es válida por el periodo especificado por el profesional con licencia hasta 3 años a partir de la fecha de su emisión. A su vencimiento, se requiere que los solicitantes presenten un nuevo formulario pidiendo la recertificación.

INSTRUCCIONES AL SOLICITANTE:

(1) Complete su información personal según se indica a continuación:

Nombre: .......................................................... No. de teléfono: ..........................................................

Dirección: ..........................................................................................................................................

Ciudad: ......................................................... Estado: .............. Código postal: ..............

(2) Lleve su solicitud a un profesional con licencia para completar la información en la página 2.

(3) Devuelva la solicitud completada (junto con su identificación con foto) para ser procesada a cualquier oficina de servicio al cliente; Bus Stop Shop localizado en 201 Pearl Street Monterey, CA 93940, Marina Transit Exchange localizado en 280 Reservation Rd, Marina, CA 93933 o Salinas Transit Center localizado en 110 Salinas Street, Salinas, CA 93901 dentro del horario de 9:00am a 4:00pm, de lunes a viernes. Durante la revisión y aprobación de la solicitud completada, se tomará una fotografía del solicitante y se le emitirá una tarjeta de cortesía. Este proceso tomará aproximadamente 15 minutos.

¡NO ENVÍE POR CORREO NI FAX! Este formulario deberá ser devuelto a MST en persona por el solicitante junto con un documento de identificación con foto dentro del horario de 9:00am a 4:00pm de lunes a viernes.

INSTRUCCIONES AL PROFESIONAL CON LICENCIA:

(1) Complete la información en la página 2 de esta solicitud.

(2) Adjunte una carta original en papel oficial con membrete expresando la elegibilidad del solicitante para participar en el programa de Tarjeta de cortesía de MST e incluála con la solicitud.

(3) Devuelva la solicitud completada con una carta al solicitante para presentar en MST.
PROFESSIONAL VERIFICATION FORM

(This form must be accompanied by a letter verifying eligibility on official letterhead)

(Este formulario deberá ser acompañado con una carta en papel oficial con membrete, verificando elegibilidad)

We are aware that your patient has a disability; however, this is not an automatic qualifying factor for approval of an MST Courtesy Card (entitles disabled passengers to receive discounted fares). We are depending on you as a professional to review the attached eligibility criteria (as outlined on pages 3 and 4) and to determine if your client is eligible for this program.

In an attempt to complete this applicant’s application, we ask that you take the time to answer the following questions. Please circle your answers:

1. Does the applicant have a functional or cognitive disability that can be documented?
   - Yes
   - No

2. After reviewing MST’s eligibility criteria as outlined on Pages 3 and 4, is your client eligible for MST’s Courtesy Card program?
   - Yes
   - No

3. How long do you anticipate that your patient/client will require these services?
   - ☐ Temporary (specify)________
   - ☐ 1 year
   - ☐ 2 years
   - ☐ 3 years

By my signature, I certify this information is true and correct. I understand the falsification of the information may result in denial, or courtesy card may be revoked. I understand all information will be kept confidential. I understand the applicant has the right to receive a copy of this form.

Print name of licensed professional completing form: ________________________________

Signature: ________________________________ Date: ________________________________

Title: ________________________________ License Number: ________________________________

Address: ________________________________

Phone: (____) __________________________

Thank you for your time and attention. Your assistance is appreciated.

FOR MST USE ONLY: Verified by MST Mobility Dept.

Mobility Specialist Name: ________________________________ Date: ________________________________

☐ Valid for 1 year
ELIGIBILITY CRITERIA FOR DISABLED

PHYSICAL DISABILITIES

- Ambulatory: Impairment that, regardless of causes, confines individuals to wheelchairs.
- Mobility Aids: Impairment that requires the use of a long leg brace, a walker, or crutches to achieve mobility.
- Arthritis: Persons, due to any cause, who suffer from arthritis, which causes a functional motor deficiency in any two major limbs (arms and/or legs). American Rheumatism Association criteria may be used as a guideline for the determination of arthritic disability. Therapeutic Grade III or worse, Functional Class III or worse, and Anatomical State III or worse are evidence of arthritic disability.
- Amputation: Persons who suffer amputation of or anatomical deformity (i.e., loss of major function due to 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:
  1) Both hands
  2) One hand one foot
  3) Amputation of lower extremity at or above the tarsal region (one or both legs).
- Cerebrovascular accident (stroke) with one of the following:
  1) Pseudobulbar palsy, or
  2) Functional motor deficit in any of two extremities
  3) Ataxia affecting two extremities substantiated by appropriate cerebral signs or proprioceptive loss.
- Pulmonary ills: Persons suffering from the following classes of impairment (dyspnea) as defined by The Journal of the American Medical Association Guides to the Evaluation of Permanent Impairment, The Respiratory System (November 22, 1965)
  0) Class 3 – Dyspnea does not occur during the usual activities of daily living. However, the patient can walk a mile at his/her own pace without dyspnea, although he/she cannot keep pace on the level with others of the same age and body build. Percent disability: 40-50.
  1) Class 4 – Dyspnea occurs during such activities as climbing one flight of stairs or walking 100 yards on the level, or less exertion, or even at rest.
  2) Class 5 – Dyspnea present on slightest exertion such as dressing, talking or at rest.
- Cardiac ills: Persons suffering from the following functional and therapeutic classifications of cardiac disease as defined by the New York Heart Association’s Diseases of the Heart and Blood Vessels—Nomenclature and Criteria for Diagnosis (6th Edition; Boston; Little, Brown and Company)
  1) Functional Classifications
     a. Class 3 – Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea, or anginal pain. For instance, inability to walk one or more level blocks or climb flight of ordinary stairs.
     b. Class 4 – Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.
  2) Therapeutic Classification:
     a. Class C – Patients with cardiac disease whose ordinary physical activity should be moderately restricted and whose more strenuous effort should be discontinued.
     b. Class D – Patients with cardiac disease whose ordinary activity should be markedly restricted.
     c. Class E – Patients with cardiac disease who should be at complete rest, confined to bed or a chair.
- Dialysis: Persons who, in order to live, must use a kidney dialysis machine.
- Sight disabilities: This section includes those persons whose vision in the better eye after best correction is 20/200 or less, or those persons 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. Individuals who have been denied a State of California driver’s license on the basis of this section, and who have proof of such denial from the Department of Motor Vehicles, shall be considered eligible.
• Hearing disabilities: This section includes those persons with a 50% bilateral hearing loss, which is uncorrectable by use of a hearing aid. Individuals who have been denied a State of California driver's license on the basis of this section, and who have proof of such denial from the Department of Motor Vehicles, shall be considered eligible.
• Disabilities of coordination: This section includes those persons suffering 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 reduce mobility, coordination, and perceptiveness not accounted for in previous categories.

**DEVELOPMENTAL DISABILITIES**
• Mental Retardation: Mental retardation refers to below average general intellectual functioning, which originates during the developmental period and is associated with impairment in adaptive behavior. (A general guideline is an IQ, which is more than two standard deviations below the norm.) This section also applies to adults who by reason of illness or accident suffer mental retardation.
• Cerebral Palsy: A disorder dating from birth or early infancy, non-progressive, although if not treated, there is marked regression in functioning characterized by examples of aberrations of motor functions (paralysis, weakness, uncoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulties and behavioral disorders.
• Epilepsy: Clinical disorder involving impairment of consciousness characterized by major motor seizures (grand mal or psychomotor), substantiated by an EEG, occurring more frequently than once a month in spite of prescribed treatment; with: 1) diurnal episodes (loss of consciousness and convulsive seizures), or 2) nocturnal episode which shows residuals interfering with activity during the day. Individuals who have been denied a State of California driver’s license on the basis of this section and who have proof of such denial from the Department of Motor Vehicles shall be eligible.
• Autism: A syndrome described as consisting of withdrawal, very inadequate social relationship, exceptional object relationships, language disturbances, and monotonously repetitive motor behavior. Many children with autism will also be seriously impaired in general intellectual functioning. This syndrome usually appears before the age of six and is characterized by severe withdrawal and inappropriate responses to external stimuli.
• Neurological Handicap: A syndrome characterized by learning perceptual and/or behavioral disorders of an individual whose IQ is not less than two standard deviations below the norm. These characteristics exist as a result of brain dysfunction (any disorder in learning or using the senses, neurological disorder, or any to the central nervous system whether due to genetic, hereditary, accident, or illness factors). This section includes persons with severe gait problems who are restricted in mobility.

**MENTALLY DISORDERED DISABILITIES**
• Emotionally disturbed: Only designated personnel are eligible to certify persons under this section. Some persons may have permanent disability, while other may have only temporary disabilities. Recertification of temporarily disabled individuals can be made if the condition continues. This section carries no age restrictions.
• To the extent of total disability, and if the individual is:
  1. Living in a board and care home, at home under supervision, or independently; and
  2. Has a disability as set forth in Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association; or is
  3. Participating in an activity center work-shop or training activity recognized by the County Mental Health Director, or is receiving service from a social service agency recognized by the County Mental Health Director.