

MEMORANDUM OF AGREEMENT

To Implement a Regional Reduced Fare Permit for Senior and Disabled Persons

This agreement is entered into as of the August 1, 2009, by and between the City of Everett (Everett Transit), Intercity Transit Authority (Intercity Transit), Jefferson Transit Authority (Jefferson Transit), King County Department of Transportation – Metro Transit Division (King County Metro), King County Ferry District, Kitsap County Public Transportation Benefit Area Authority (Kitsap Transit), Pierce County Public Transportation Benefit Area Authority (Pierce Transit), Snohomish County Public Transportation Benefit Area Corporation (Community Transit), Washington State Department of Transportation – Ferries Division (Washington State Ferries), Central Puget Sound Regional Transit Authority (Sound Transit), Mason County Transportation Authority (Mason Transit), and Skagit Transit hereinafter called the “parties.”

Section 1. Purpose: The purpose of this agreement is to set forth the requirements for and implementation of the Regional Reduced Fare Permit established by the original parties in memoranda of agreement dated May 17, 1982, August 8, 1984, August 8, 1987, September 8, 1994, December 1, 2000, September 1, 2002, and February 3, 2003. This agreement supersedes these seven prior agreements. The King County Ferry District has been added to this agreement, Attachment 2 – New Authorized Design – has been amended to include new permit designs for the regional Smart Card, and Attachment 3, Sections 2 & 5 - Medical Eligibility Criteria - has been modified from the agreement dated February 3, 2003. Additionally, the requirement for the Reduced Fare Permit Taskforce to meet semi-annually was modified to an as-needed basis.

Section 2. Background: Federal regulations require operators of public transportation services receiving assistance under Title 49 USC, Section 5307 to charge senior and disabled persons no more than one-half the normal peak-hour fare during off-peak hours. Further, the Americans with Disabilities Act (A.D.A.) requires that a personal care attendant accompanying an A.D.A.-eligible person ride fare-free on paratransit service. The parties anticipate that A.D.A. eligible persons will desire to ride fixed-route bus service and will encourage such usage through this agreement.

Public transportation operators must establish procedures to comply with the requirements of Title 49, Sections 5307. Without this agreement among the parties, senior and disabled persons in the Puget Sound Region would be required to apply for certification of eligibility from each of the parties where reduced fare privileges are desired; also, A.D.A-eligible persons within the region desiring both a Regional A.D.A. Paratransit Card and Regional Reduced Fare Permit would be required to go through two separate certification processes.

The parties agree that all policies and procedures established in this agreement, including the eligibility certification, cost, and design of the Regional Reduced Fare Permit, will be adhered to by all parties. A Regional Reduced Fare Permit issued by any of the parties will be honored by all of the parties and will result in mutual benefits by facilitating interagency public transportation use by senior and disabled persons within the region.

Section 3. Definition of Terms. The following words used in this agreement shall have the meanings set forth in this section:

- a). A.D.A.-eligible: Shall mean certified under the Americans with Disabilities Act consistent with CFR 49, parts 37.123 and 37.125.
- b). Automatically Eligible: An applicant with a valid A.D.A. Paratransit Card will not be required to go through the standard eligibility certification process. The parties may require reasonable application procedures to determine validity of the A.D.A. Paratransit Card and to gather necessary information.
- c). Disabled Person: Shall mean any individual who, by reason of a medically determined physical or mental impairment which can be expected to last for a continuous period of not less than three (3) months or to result in death, is unable without specific facilities, planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected.
- d). Permanent Disability: Shall mean any incapacity expected to last for the lifetime of the person affected.
- e). Personal Care Attendant (PCA) Policy: Shall mean certifying a disabled person as requiring another person as an aid to facilitate travel all or some of the time.
- f). Puget Sound Region: Shall mean the area included within the following Washington State counties: Jefferson, King, Kitsap, Mason, Pierce, Snohomish, Skagit, and Thurston.
- g). Region/Regional: Shall mean pertaining to the Puget Sound Region.
- h). Regional A.D.A. Paratransit Card: Shall mean an eligibility card issued to A.D.A.-eligible persons in conformance with specifications established by the Puget Sound Regional Council (see Attachment 1) within the following Washington State counties: Jefferson, King, Kitsap, Mason, Pierce, Snohomish, and Thurston.
- i). Regional Reduced Fare Permit Task Force: Shall mean a sub-committee of the Puget Sound Regional Council.
- j). Resident Agency: Shall mean the public transportation provider whose service boundaries include the person's place of residence.
- k). Senior: Shall mean persons of age 65 years and older.
- l). Temporary Disability: Shall mean an impairment expected to last for a continuous period of not less than three (3) months but not more than one (1) year.
- m). Visitor: Shall mean an applicant for a Regional Reduced Fare Permit from outside the Puget Sound Region.

Section 4. Cost of Regional Reduced Fare Permit: The cost of a temporary or permanent Regional Reduced Fare Permit shall be \$3.00. Replacement Regional Reduced Fare Permits may be issued for no more than \$3.00.

Section 5. Design of Regional Reduced Fare Permit: The Regional Reduced Fare Permit design, both permanent and temporary, shall conform to the authorized design specifications developed by the Puget Sound Regional Council. Parties will have the option of issuing one of the authorized designs identified in Attachment 2. Parties shall accept the previous design issued prior to the date of this agreement. No party shall issue an unauthorized design, nor make changes to the authorized designs without agreement among all parties. A photo is required on all Regional Reduced Fare Permits except those issued to senior persons. (See Attachment 2.)

Section 6. Eligibility Certification: Any of the parties may certify the eligibility of applicants as either senior or disabled on behalf of all of the parties. Applicants may apply for a Regional Reduced Fare Permit, both permanent and temporary, from any of the parties.

An applicant will be certified as eligible when any one or more of the following criteria are met:

- a). The applicant provides satisfactory proof that he or she is 65 years of age or older (for issuance of a permanent Regional Reduced Fare Permit).
- b). The applicant provides proof of current eligibility for Social Security disability benefits or current receipt of Supplemental Security Income Benefits due to a disability.
- c). The applicant provides proof of current disability certification of 40 percent or more by the Veterans Administration.
- d). The applicant presents a valid Medicare card issued by the Social Security Administration.
- e). The applicant presents a valid Regional A.D.A. Paratransit card to their agency of residence. (Issuance of Permanent Regional Reduced Fare Permit if applied for at agency that issued Regional A.D.A. Paratransit Card – refer to section 7(b))
- f). The applicant presents a valid A.D.A. Paratransit card from outside the region (for issuance of a Temporary Regional Reduced Fare Permit only).
- g). The applicant obviously meets one or more of the medical criteria in Attachment 3.
- h). The applicant is currently enrolled by a Washington State Individual Educational Program (IEP) (for issuance of a Temporary Regional Reduced Fare Permit only).
- i). The applicant is certified by a Washington State-Licensed physician (M.D.), psychiatrist, psychologist (Ph.D.), physician's assistant (P.A.), advanced registered nurse practitioner (A.R.N.P.) or audiologist (certified by the American Speech, Language, and Hearing Association) as meeting the medical criteria in Attachment 3 as now existing or hereafter amended.

Parties do not have discretion to allow health care providers other than those on the approved list contained in Attachment 3 to certify applicants.

All approved health care providers certifying persons under Criteria i must provide his or her professional degree and Washington State license number as well as specify the section and subsection of the Medical Eligibility Criteria under which the applicant qualifies (see Attachment 3).

Section 7. Issuance of Permanent Regional Reduced Fare Permit:

a). For persons who are not A.D.A.-eligible: These persons will be issued a permanent Regional Reduced Fare Permit if they are certified as eligible under Section 6 of this agreement as having a permanent disability.

b). For persons who have a permanent Regional A.D.A. Paratransit Card: These persons will be automatically eligible for a permanent Regional Reduced Fare Permit. However, this policy will apply only if the person applies for a Regional Reduced Fare Permit from the resident agency that issued the Regional A.D.A. Paratransit Card. As automatically eligible, these persons will not be required to go through the standard eligibility process. The parties may require reasonable application procedures to determine the validity of the Regional A.D.A. Paratransit Card and to gather necessary information.

Section 8. Issuance of Temporary Regional Reduced Fare Permit:

a). For persons residing in the region who are not A.D.A.-eligible: Temporary Regional Reduced Fare Permits will be issued to persons certified as eligible under Section 6 with a temporary disability. The temporary Regional Reduced Fare Permit will be issued for three (3) months up to and including one (1) year, and may be renewed only if the disability continues beyond that date.

b). For persons residing in the region who have a temporary Regional A.D.A. Paratransit Card: These persons will be automatically eligible for a temporary Regional Reduced Fare Permit which will be issued with the same expiration date as the temporary Regional A.D.A. Paratransit Card, but will not expire prior to three (3) months nor beyond one (1) year. However, this policy will apply only if the person applies for a Regional Reduced Fare Permit from the resident agency that issues the Regional A.D.A. Paratransit Card. The temporary Regional Reduced Fare Permit may be renewed only if the expiration date of the temporary Regional A.D.A. Paratransit Card extends past one (1) year. As automatically eligible, these persons will not be required to go through the standard eligibility process. The parties may require reasonable application procedures to determine the validity of the Regional A.D.A. Paratransit Card and to gather necessary information.

c). For visitors (from outside the region) who have an A.D.A. Paratransit Card: These persons will be automatically eligible for a temporary Regional Reduced Fare Permit, which may be issued by any of the parties for three (3) months up to and including one (1) year. The A.D.A.-eligible visitor's temporary Regional Reduced Fare Permit may be renewed upon expiration. As automatically eligible, these persons will not be required to go through the standard eligibility process. The parties may require reasonable application procedures to determine the validity of the A.D.A. Paratransit Card and to gather necessary information.

d). For visitors (from outside the region) who are not A.D.A.-eligible: These persons may apply for a temporary Regional Reduced Fare Permit which may be issued by any of the parties for three (3) months up to and including one (1) year, and may be renewed upon expiration. Applicants must be certified as eligible under Section 6 of this agreement.

Section 9. Personal Care Attendant Policy: Applicants that require a personal care attendant (PCA)

can be certified as such by the resident agency or may require certification by an approved health care provider. Persons certified for the use of a PCA will be able, at their option, to use a PCA on any system that is a party to this agreement. PCA's do not have to be certified and travel fare-free if they board and disembark at the same location as a person that is PCA-certified. PCA certification will be indicated on the Regional Reduced Fare Permit (see Attachment 2).

Section 10. Regional Reduced Fare Permit Privileges: Each of the parties shall honor valid Regional Reduced Fare Permits issued by any of the parties. Holders of a valid Regional Reduced Fare Permit shall be entitled to the reduced fare privilege of the respective parties. This agreement does not attempt to standardize privileges among the parties. Time of day restrictions, transfer privileges, and cost of daily fares and monthly passes shall be set by the respective parties.

Section 11. Local Reduced Fare Permits (Optional): At the discretion of the parties, local reduced fare permits for use within a party's own service area may be issued using criteria other than those established by this agreement. Such permits shall be clearly distinctive in appearance, in terms of color and design, from the Regional Reduced Fare Permit and need not be honored by any other party.

Section 12. Information-Sharing: All parties to this agreement shall share information with other parties that is necessary to implement the regional program effectively.

Section 13. Regional Coordination: Parties shall meet on an as-needed basis through the Puget Sound Regional Council's Regional Reduced Fare Permit Task Force which shall periodically review this agreement to discuss any necessary amendment, responsibilities among the parties, and other matters pertaining to regional implementation of the Regional Reduced Fare Permit.

Section 14. Duration: This agreement shall be effective as of the date first written above and shall continue from year to year unless otherwise amended or terminated by agreement of the parties.

Section 15. Amendment: Amendment to this agreement may be made only by written amendment signed by all parties.

Section 16. Termination: Any party may terminate its participation in this agreement by providing all other parties with written notice at least ninety (90) days in advance of the termination date.

IN WITNESS WHEREOF, the Parties hereto have executed this agreement as of the date and year written above.

City of Everett (Everett Transit)

Name: Ray Stephanson, Mayor, City of Everett

Signature Ray Stephanson

Date 1-29-2010

Attest Mason Marks
City Clerk

APPROVED AS TO FORM

James D. Iles
JAMES D. ILES, City Attorney

Intercity Transit Authority (Intercity Transit)

Name: Michael Harbour, General Manager, Intercity Transit

Signature _____

Date _____

Attest _____

Jefferson Transit Authority (Jefferson Transit)

Name: David Turissini, General Manager, Jefferson Transit

Signature _____

Date _____

Attest _____

King County Department of Transportation (King County Metro)

Name: Kevin Desmond, General Manager, King County Department of Transportation - Metro Transit Division

Signature _____

Date _____

Attest _____

King County Ferry District (King County Water Taxi)

Name: KJristine Lund, Executive Director, King County Ferry District

Signature _____

Date _____

Attest _____

IN WITNESS WHEREOF, the Parties hereto have executed this agreement as of the date and year written above.

City of Everett (Everett Transit)


Name: Ray Stephanson, Mayor, City of Everett

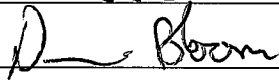
Signature _____ Date _____

Attest _____

Intercity Transit Authority (Intercity Transit)

Name: Michael Harbour, General Manager, Intercity Transit

Signature  Date 12/21/09

Attest 

Jefferson Transit Authority (Jefferson Transit)

Name: David Turissini, General Manager, Jefferson Transit

Signature _____ Date _____

Attest _____

King County Department of Transportation (King County Metro)

Name: Kevin Desmond, General Manager, King County Department of Transportation - Metro Transit Division

Signature _____ Date _____

Attest _____

King County Ferry District (King County Water Taxi)

Name: Kjristine Lund, Executive Director, King County Ferry District

Signature _____ Date _____

Attest _____

IN WITNESS WHEREOF, the Parties hereto have executed this agreement as of the date and year written above.

City of Everett (Everett Transit)

Name: Ray Stephanson, Mayor, City of Everett

Signature _____ Date _____

Attest _____

Intercity Transit Authority (Intercity Transit)


Name: Michael Harbour, General Manager, Intercity Transit

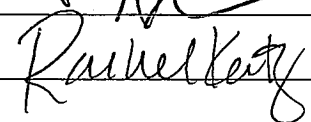
Signature _____ Date _____

Attest _____

Jefferson Transit Authority (Jefferson Transit)

Name: David Turissini, General Manager, Jefferson Transit

Signature  _____ Date 12/27/09

Attest  _____

King County Department of Transportation (King County Metro)

Name: Kevin Desmond, General Manager, King County Department of Transportation - Metro Transit Division

Signature _____ Date _____

Attest _____

King County Ferry District (King County Water Taxi)

Name: Kjrystine Lund, Executive Director, King County Ferry District

Signature _____ Date _____

Attest _____

IN WITNESS WHEREOF, the Parties hereto have executed this agreement as of the date and year written above.

City of Everett (Everett Transit)

Name: Ray Stephanson, Mayor, City of Everett

Signature _____ Date _____

Attest _____

Intercity Transit Authority (Intercity Transit)

Name: Michael Harbour, General Manager, Intercity Transit

Signature _____ Date _____

Attest _____

Jefferson Transit Authority (Jefferson Transit)

Name: David Turissini, General Manager, Jefferson Transit

Signature _____ Date _____

Attest _____

King County Department of Transportation (King County Metro)

Name: Kevin Desmond, General Manager, King County Department of Transportation - Metro Transit Division

Signature Kevin Desmond Date 3/11/10

Attest _____

King County Ferry District (King County Water Taxi)

Name: Kjrystine Lund, Executive Director, King County Ferry District

Signature _____ Date _____

Attest _____

IN WITNESS WHEREOF, the Parties hereto have executed this agreement as of the date and year written above.

City of Everett (Everett Transit)

Name: Ray Stephanson, Mayor, City of Everett

Signature _____ Date _____

Attest _____

Intercity Transit Authority (Intercity Transit)

Name: Michael Harbour, General Manager, Intercity Transit

Signature _____ Date _____

Attest _____

Jefferson Transit Authority (Jefferson Transit)

Name: David Turissini, General Manager, Jefferson Transit

Signature _____ Date _____

Attest _____

King County Department of Transportation (King County Metro)

Name: Kevin Desmond, General Manager, King County Department of Transportation - Metro Transit Division

Signature _____ Date _____

Attest _____

King County Ferry District (King County Water Taxi)

Name: Kjrystine Lund, Executive Director, King County Ferry District

Signature Kjrystine Lund Date 1/25/10

Attest Cheryl B. [Signature]

Kitsap County Public Transportation Benefit Area Authority (Kitsap Transit)

Name: Richard Hayes, Executive Director, Kitsap Transit

Signature  Date 12-22-09

Attest 

Mason County Transportation Authority (Mason Transit)

Name: Dave O'Connell, General Manager, Mason Transit

Signature _____ Date _____

Attest _____

Pierce County Public Transportation Benefit Area Authority (Pierce Transit)

Name: Lynne Griffith, CEO, Pierce Transit

Signature _____ Date _____

Attest _____

Skagit Transit (Skagit Transit)

Name: Dale O'Brien, Executive Director, Skagit Transit

Signature _____ Date _____

Attest _____

Snohomish County Public Transportation Benefit Area Corporation (Community Transit)

Name: Joyce Eleanor, CEO, Community Transit

Signature _____ Date _____

Attest _____

Kitsap County Public Transportation Benefit Area Authority (Kitsap Transit)

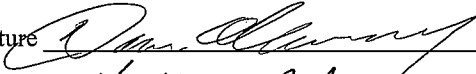
Name: Richard Hayes, Executive Director, Kitsap Transit

Signature _____ Date _____

Attest _____

Mason County Transportation Authority (Mason Transit)

Name: Dave O'Connell, General Manager, Mason Transit

Signature  Date 12/22/09

Attest 

Pierce County Public Transportation Benefit Area Authority (Pierce Transit)

Name: Lynne Griffith, CEO, Pierce Transit

Signature _____ Date _____

Attest _____

Skagit Transit (Skagit Transit)

Name: Dale O'Brien, Executive Director, Skagit Transit

Signature _____ Date _____

Attest _____

Snohomish County Public Transportation Benefit Area Corporation (Community Transit)

Name: Joyce Eleanor, CEO, Community Transit

Signature _____ Date _____

Attest _____

Kitsap County Public Transportation Benefit Area Authority (Kitsap Transit)

Name: Richard Hayes, Executive Director, Kitsap Transit

Signature _____ Date _____

Attest _____

Mason County Transportation Authority (Mason Transit)

Name: Dave O'Connell, General Manager, Mason Transit

Signature _____ Date _____

Attest _____

Pierce County Public Transportation Benefit Area Authority (Pierce Transit)

Name: Lynne Griffith, CEO, Pierce Transit

Signature Lynne Griffith Date 12-22-09

Attest Jessie Perreault

Skagit Transit (Skagit Transit)

Name: Dale O'Brien, Executive Director, Skagit Transit

Signature _____ Date _____

Attest _____

Snohomish County Public Transportation Benefit Area Corporation (Community Transit)

Name: Joyce Eleanor, CEO, Community Transit

Signature _____ Date _____

Attest _____

Kitsap County Public Transportation Benefit Area Authority (Kitsap Transit)

Name: Richard Hayes, Executive Director, Kitsap Transit

Signature _____ Date _____

Attest _____

Mason County Transportation Authority (Mason Transit)

Name: Dave O'Connell, General Manager, Mason Transit

Signature _____ Date _____

Attest _____

Pierce County Public Transportation Benefit Area Authority (Pierce Transit)

Name: Lynne Griffith, CEO, Pierce Transit

Signature _____ Date _____

Attest _____

Skagit Transit (Skagit Transit)

Name: Dale O'Brien, Executive Director, Skagit Transit

Signature Dale O'Brien Date 12-28-09

Attest Robin Pack

Snohomish County Public Transportation Benefit Area Corporation (Community Transit)

Name: Joyce Eleanor, CEO, Community Transit

Signature _____ Date _____

Attest _____

Kitsap County Public Transportation Benefit Area Authority (Kitsap Transit)

Name: Richard Hayes, Executive Director, Kitsap Transit

Signature _____ Date _____

Attest _____

Mason County Transportation Authority (Mason Transit)

Name: Dave O'Connell, General Manager, Mason Transit

Signature _____ Date _____

Attest _____

Pierce County Public Transportation Benefit Area Authority (Pierce Transit)

Name: Lynne Griffith, CEO, Pierce Transit

Signature _____ Date _____

Attest _____

Skagit Transit (Skagit Transit)


Name: Dale O'Brien, Executive Director, Skagit Transit

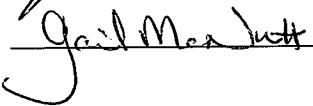
Signature _____ Date _____

Attest _____

Snohomish County Public Transportation Benefit Area Corporation (Community Transit)

Name: Joyce Eleanor, CEO, Community Transit

Signature  Date 12/20/09

Attest 

Washington State Department of Transportation – Ferries Division (Washington State Ferries)

Name: David Moseley, Assistant Secretary, Washington State Department of Transportation – Ferries Division

Signature  _____

Date 12/18/05

Attest _____

Central Puget Sound Regional Transit Authority (Sound Transit)

Name: Joni Earl, CEO, Sound Transit

Signature _____

Date _____

Attest _____

Washington State Department of Transportation – Ferries Division (Washington State Ferries)

Name: David Moseley, Assistant Secretary, Washington State Department of Transportation – Ferries Division

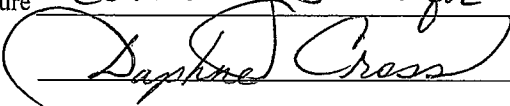
Signature _____ Date _____

Attest _____

Central Puget Sound Regional Transit Authority (Sound Transit)

Name: Joni Earl, CEO, Sound Transit

Signature  for Date 1/7/10

Attest 

Attachment 1

Regional ADA Card Specifications

photo optional	Regional ADA paratransit (name)
	Code: PCA:
	Expires:

Overall Size: 2³/₄" by 1³/₄"

Color: Pantone Blue #072 on white

**Regional
ADA paratransit**

**Helvetica Bold 14pt
centered**

Code: PCA:

Helvetica Bold 11pt

Expires:

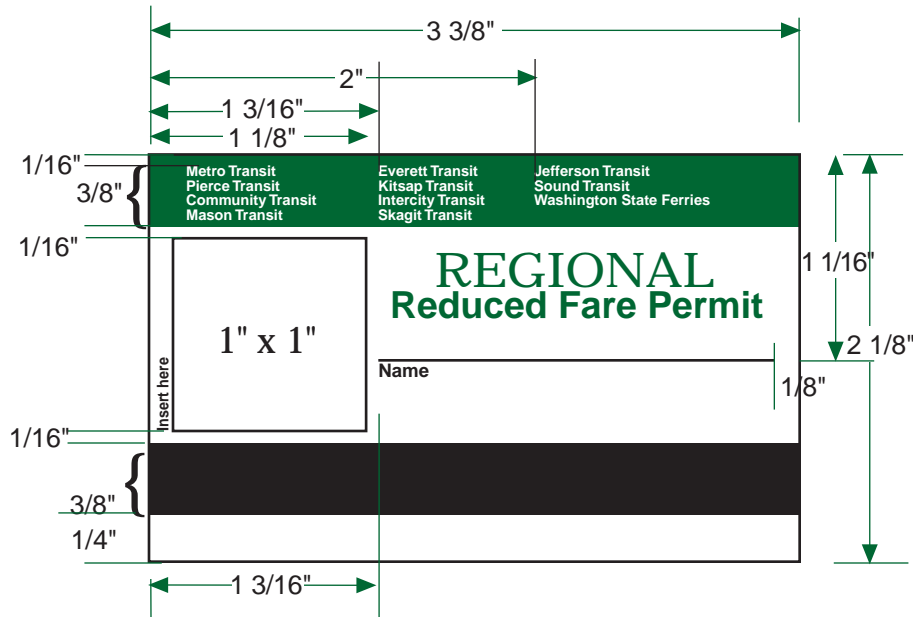
Horizontal scaling 95%

Aligned left

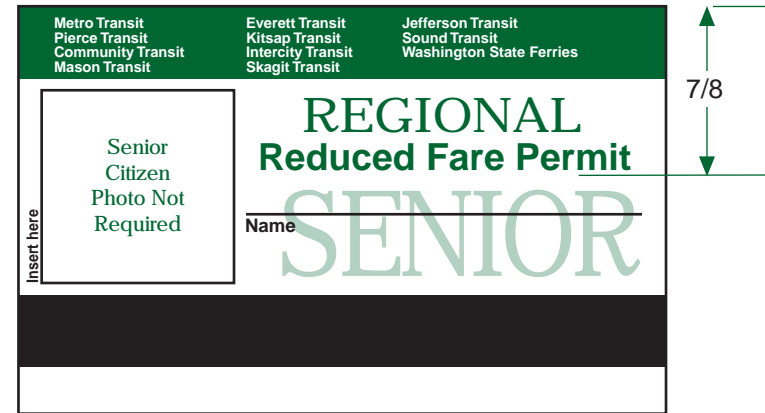
Attachment 2

New Authorized Designs Option 1

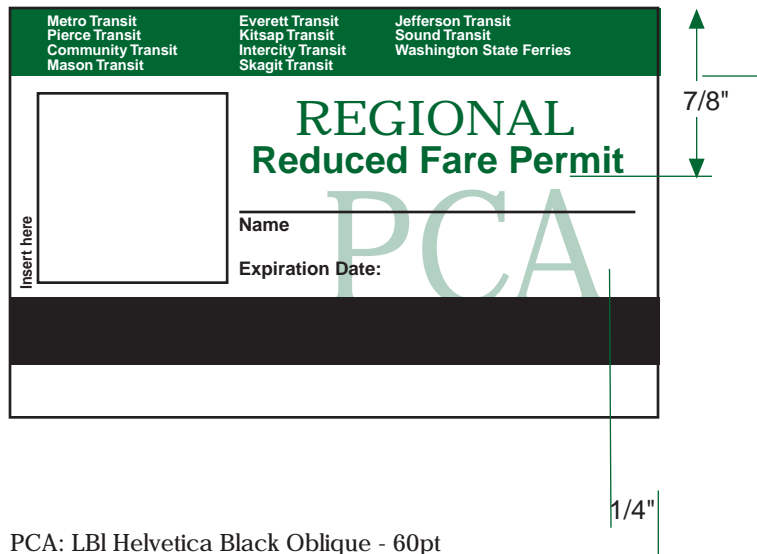
Rev 02/03



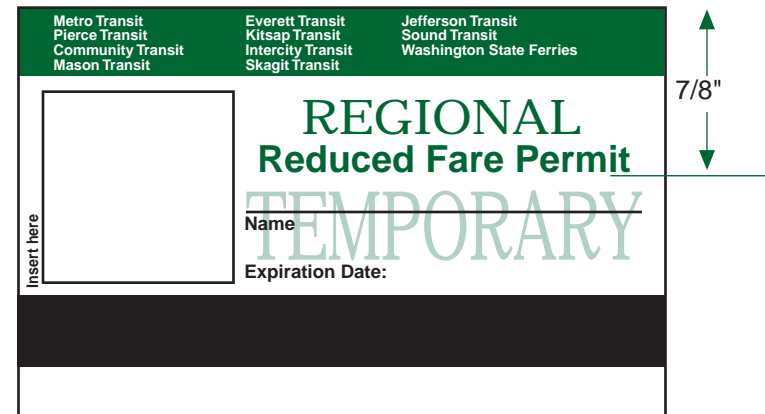
Transit names: B Helvetica Bold - 7pt
 Regional: LBI Helvetica Black Oblique - 18 pt
 Reduced Fare Permit: B Helvetca Bold - 14 pt
 Name: B Helvetica Bold - 7pt



Senior: LBI Helvetica Black Oblique - 45pt
 Senior photo: B Helvetica Bold - 8pt



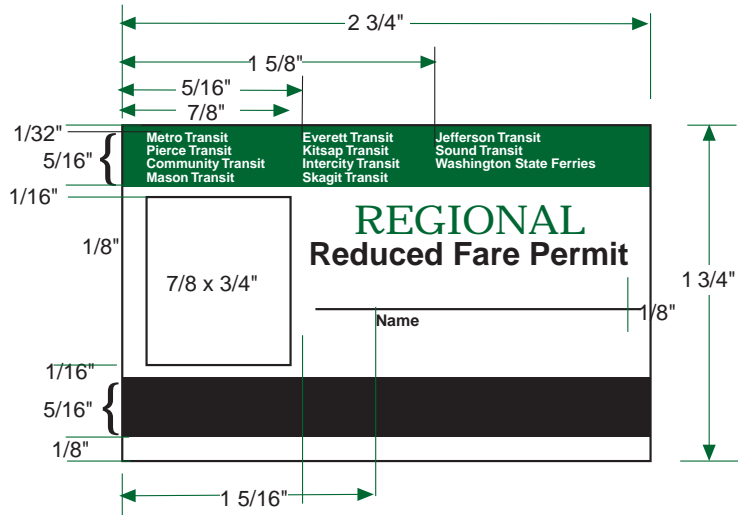
PCA: LBI Helvetica Black Oblique - 60pt
 Expiration date: B Helvetica Bold - 7pt



Temporary: LBI Helvetica Black Oblique - 36pt
 Expiration date: B Helvetica Bold - 7pt

New Authorized Designs Rev 02/03

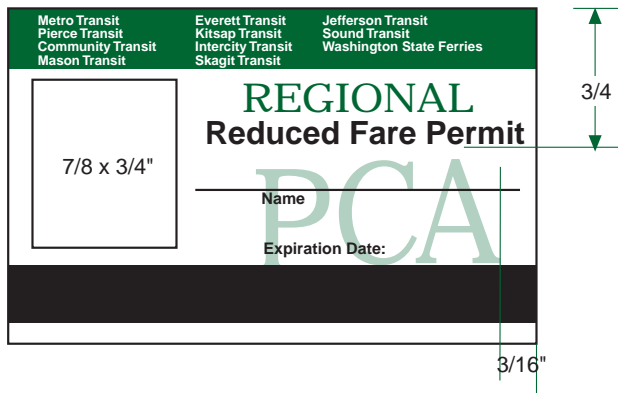
Option 2



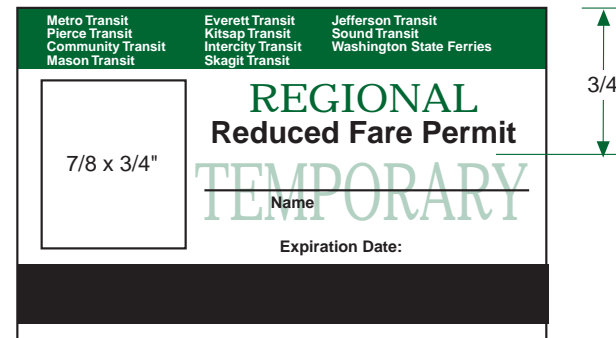
Transit names: B Helvetica Bold - 6pt
 Regional: LBI Helvetica Black Oblique - 15 pt
 Reduced Fare Permit: B Helvetca Bold - 12 pt
 Name: B Helvetica Bold - 6pt
 Insert here: B Helvetica bold - 5pt



Senior: LBI Helvetica Black Oblique - 40pt
 Senior photo: B Helvetica Bold - 6pt



PCA: LBI Helvetica Black Oblique - 54pt
 Name: B Helvetica Bold - 6pt
 Expiration date: B Helvetica Bold - 6pt



Temporary: LBI Helvetica Black Oblique - 30pt
 Name: B Helvetica Bold - 6pt

SENIOR CITIZEN PHOTO NOT REQUIRED	Regional Reduced Fare Permit <hr/> Name
Metro Transit Everett Transit Jefferson Transit Pierce Transit Kitsap Transit Washington State Ferries	

PCA: LBI Helvetica Black Oblique - 54pt

Name: B Helvetica Bold - 6pt

Expiration date: B Helvetica Bold - 6pt

Permit Backs

Option 1

Rev 02/03

Permit Back

This permit remains the property of the issuing agency, and entitles you to fare discounts on the following transportation systems:

- Community Transit
- Everett Transit
- Intercity Transit
- Jefferson Transit
- Kitsap Transit
- Mason Transit
- Metro (including the Waterfront Streetcar)
- Pierce Transit
- Skagit Transit
- Sound Transit
- Washington State Ferries

If temporary, this permit expires on the last day of the month indicated. **This permit is intended for transportation purposes only and is not intended for use as legal personal identification.** Please contact each agency for details on routes, schedules and peak hour riding restrictions. Thank you for using public transportation.

Personal Care Attendant Back

The Personal Care Attendant (PCA) permit entitles an attendant to travel fare-free if they board and disembark at the same location as the holder of the PCA permit. This permit remains the property of the issuing agency, and entitles you to fare discounts on the following transportation systems:

- Community Transit
- Everett Transit
- Intercity Transit
- Jefferson Transit
- Kitsap Transit
- Mason Transit
- Metro (including the Waterfront Streetcar)
- Pierce Transit
- Skagit Transit
- Sound Transit
- Washington State Ferries

If temporary, this permit expires on the last day of the month indicated. **This permit is intended for transportation purposes only and is not intended for use as legal personal identification.** Please contact each agency for details on routes, schedules and peak hour riding restrictions. Thank you for using public transportation.

Permit Backs

Option 2

Rev 02/03

Permit Back

This permit remains the property of the issuing agency, and entitles you to fare discounts on the following transportation systems:

- Community Transit
- Everett Transit
- Intercity Transit
- Jefferson Transit
- Kitsap Transit
- Mason Transit
- Metro (including the Waterfront Streetcar)
- Pierce Transit
- Skagit Transit
- Sound Transit
- Washington State Ferries

If temporary, this permit expires on the last day of the month indicated. **This permit is intended for transportation purposes only and is not intended for use as legal personal identification.** Please contact each agency for details on routes, schedules and peak hour riding restrictions. Thank you for using public transportation.

Personal Care Attendant Back

The Personal Care Attendant (PCA) permit entitles an attendant to travel fare-free if they board and disembark at the same location as the holder of the PCA permit. This permit remains the property of the issuing agency, and entitles you to fare discounts on the following transportation systems:

- Community Transit
- Everett Transit
- Intercity Transit
- Jefferson Transit
- Kitsap Transit
- Mason Transit
- Metro (including the Waterfront Streetcar)
- Pierce Transit
- Skagit Transit
- Sound Transit
- Washington State Ferries

If temporary, this permit expires on the last day of the month indicated. **This permit is intended for transportation purposes only and is not intended for use as legal personal identification.** Please contact each agency for details on routes, schedules and peak hour riding restrictions. Thank you for using public transportation.

Option 3

Regional Reduced Fare Permit

Photo Required



CSN CVN

Regional Reduced Fare Permit

Senior

No Photo Required



CSN CVN

Regional Reduced Fare Permit

Photo Required

PCA
Expiration




CSN CVN

Regional Reduced Fare Permit

Photo Required

TEMP
Expiration



CSN CVN

Option 3

Permit Back

Regional Reduced Fare Permit

This permit is intended for transportation purposes only and is not intended for use as legal personal identification. This permit remains the property of the issuing agency.

PCA: Entitles a Personal Care Attendant to travel fare-free if they board and disembark at the same location as this permit holder.

TEMP: This permit expires on the last day of the month indicated.

Senior: 65 years or older. This permit does not require a photo.

By using the ORCA card, pass or product, I agree to comply with the terms and conditions on www.orcard.com. These terms are subject to change. Card may be inspected on demand.

ORCA card information: 1-888-988-6722 / 1-888-713-6030 TTY



Regional Reduced Fare Permit For Senior and Disabled Persons

Medical Eligibility Criteria and Conditions



Applicant

Regional Reduced Fare Permit for Seniors and Disabled Persons

What is it?

The Regional Reduced Fare Permit simplifies travel for senior and disabled riders of public transportation around Puget Sound. The following public transportation systems in the Puget Sound region recognize this identification card:

- Community Transit
- Everett Transit
- Intercity Transit
- Jefferson Transit
- Kitsap Transit
- Mason Transit
- King County Metro Transit
- King County Water Taxi
- Pierce Transit
- Skagit Transit
- Sound Transit
- Washington State Ferries

With the Regional Reduced Fare Permit, eligible persons do not need to carry more than one permit to receive the reduced-fare benefits of multiple systems within the region.

Who is eligible?

Any person who presents proof of one or more of the following conditions can obtain a Regional Reduced Fare Permit*:

1. Is at least 65 years of age.
2. Is now eligible for Social Security Disability Benefits or now receives Supplemental Security Income Benefits because of disability. (Temporary)
3. Is currently certified by the Veterans Administration at a 40 percent or greater disability level.
4. Has a valid Medicare card issued by the Social Security Administration. (Temporary)
5. Has a valid Regional ADA Paratransit card.
6. Has a valid ADA Paratransit Card from outside the region.
7. Has obvious physical impairments meeting one or more of the medical criteria listed to the right.
8. Is currently participating in a vocational career program with the Washington State Individual Educational Program (IEP). (Temporary)
9. Is certified by a Washington State-licensed physician (M.D.), psychiatrist, psychologist (Ph.D.), Physician Assistant (P.A.), Advanced Registered Nurse Practitioner (A.R.N.P.), or audiologist (certified by the American Speech and Hearing Association) as meeting one or more of the medical criteria listed to the right.

Where is it issued?

Any eligible person may apply for a Regional Reduced Fare Permit at the customer service offices of any of the participating transit agencies. Washington State Ferries, King County Ferry District and Sound Transit do not issue the permits but will honor those issued by any of the other systems. Any applicant with a valid Regional ADA Paratransit card must apply to the transit agency where that person lives.

How long is it valid?

Permits issued to persons 65 or older and to persons permanently disabled will be valid indefinitely. No renewal is necessary. Persons with disabilities that will last between three months and one year may receive temporary permits. These permits, which carry an expiration date, may be renewed only if the disability continues beyond that date. Persons certified by approved health care providers as permanently disabled may receive permanent permits. Participating agencies retain the right to ask for certification upon loss of a permit or at any other time.

What does it cost?

An individual must pay a fee of \$3 to obtain the permit. Replacement permits may be obtained from the issuing agency for \$3 or less.

How does it work?

The permit is an identification card used as proof of eligibility to pay a reduced fare. The permit has no cash value and may not be used as a transfer between systems. The permit holder must pay the amount of the reduced fare on each system used, and use of the permit is subject to any time restrictions in effect by each system.

Questions?

If you have comments or questions regarding the Regional Reduced Fare Permit, please contact your local agency. Participating agencies are listed on the last page of this brochure.

**These agencies reserve the right to contact your Health Care Provider for verification.*

Health Care Provider

Medical Eligibility Criteria

SECTION 1. NON-AMBULATORY DISABILITIES

1. **Wheelchair-User.** Impairments which, regardless of cause, confine individuals to wheelchairs.

SECTION 2. SEMI-AMBULATORY PHYSICAL DISABILITIES

1. **Restricted Mobility.** Impairments which cause individuals to walk with difficulty including, but not limited to, individuals using a long leg brace, a walker or crutches to achieve mobility, or birth defects and other muscular/skeletal disabilities, including dwarfism, causing mobility restriction. Persons currently undergoing chemotherapy or radiation treatment are considered eligible for a reduced fare permit under this subsection.
2. **Arthritis.** Persons who suffer from arthritis causing a function motor defect in any two major limbs. (American Rheumatism Association criteria may be used as a guideline for the determination of arthritic handicap; Therapeutic Grade III, Functional Class III, or Anatomical State III or worse is evidence of arthritic handicap.)
3. **Loss of Extremities.** Persons who suffer anatomical deformity of or amputation of both hands, one hand and one foot, or lower extremity at or above the tarsal region. Loss of major function may be due to degenerative changes associated with vascular or neurological deficiencies, traumatic loss of muscle mass or tendons, bony or fibrous ankylosis at unfavorable angle, or joint subluxation or instability.
4. **Cerebrovascular Accident.** Persons displaying one of the following, four months post-CVA:
 - a. Pseudobulbar palsy or
 - b. Functional motor defect in any two extremities, or
 - c. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.
5. **Respiratory.** Persons suffering respiratory impairment (dyspnea) of Class 3 or greater as defined by "Guidelines to the Evaluation of Permanent Impairment: The Respiratory System," Journal of the American Medical Association, 194:919 (1965).
6. **Cardiac.** Persons suffering functional classification III or IV and therapeutic classifications C, D, or E cardiac disease as defined by Diseases of the Heart and Blood Vessels – Nomenclature and Criteria for Diagnosis, New York Heart Assoc. (6th Edition).
7. **Dialysis.** Persons who must use a kidney dialysis machine in order to live.
8. **Disorders of Spine.** Persons disabled by one or more of the following:
 - a. Fracture of vertebra, residuals or, with cord involvement with appropriate motor and sensory loss; or
 - b. Generalized osteoporosis with pain, limitation of back motion, paravertebral muscle spasms, and compression fracture of vertebra; or
 - c. Ankylosis or fixation of cervical or dorsolumbar spine at 30 degrees or more of flexion measured from the neutral position and one of the following:
 - i. Calcification of the anterior and alteral ligaments as shown by x-ray; or
 - ii. Dilateral ankylosis of sacroiliac joints and abnormal apophyseal articulation as shown by x-ray.
9. **Nerve Root Compression Syndrome.** A person disabled due to any cause by:
 - a. Pain and motion limitation in back of neck: and
 - b. Cervical or lumbar nerve root compression as evidenced by appropriate radicular distribution of sensory, motor and reflex abnormalities.
10. **Motor.** Persons disabled by one or more of the following:
 - a. Faulty coordination or palsy from brain, spinal or peripheral nerve injury; or
 - b. A functional motor deficit in any two limbs; or
 - c. Manifestations significantly reducing mobility, coordination and perceptiveness not accounted for in prior categories.
11. **HIV Disease.** A person disabled by HIV disease who meets Social Security eligibility criteria or who meets Washington State (GAU/Welfare) medical criteria.

SECTION 3. VISUAL DISABILITIES

1. Persons disabled because of:
 - a. Visual acuity of 20/200 or less in the better eye with correcting lenses; or
 - b. Contraction of the visual field:
 - i. So the widest diameter of visual field subtending an angular distance is no greater than 20 degrees: or
 - ii. To 10 degrees or less from the point of fixation; or
 - iii. To 20 percent or less visual field efficiency.
2. Persons who, by reason of a visual impairment, do not qualify for a Driver's License under regulations of the Washington State Department of Motor Vehicles.

Section 4: HEARING DISABILITIES

1. Persons disabled because of hearing impairments manifested by one or more of the following:
 - a. Better ear pure tone average of 90 dB HL (unaided) for tones at 500, 1,000, 2,000 Hz; or
 - b. Best speech discrimination score at or below 40% (unaided) as measured with standardized testing materials.
2. Eligibility may be certified by a physician licensed by the State of Washington or by an audiologist certified by the American Speech, Language, Hearing Association.

Section 5: NEUROLOGICAL DISABILITIES

1. **Epilepsy**
 - a. Persons who have suffered any seizure with loss of awareness within the last six months.
 - b. Persons exhibiting seizure-free control for a continuous period of more than six (6) months duration are not included in the statement of epilepsy defined in this section.
2. **Neurological Handicap.** A person disabled by cerebral palsy, multiple sclerosis, muscular dystrophy, or other neurological and physical impairments not controlled by medication.

Section 6: MENTAL DISABILITIES

1. **Developmental Disabilities. Permanent Permit.** Persons disabled due to mental retardation, autism or other conditions found to be closely associated with mental retardation or to require treatment similar to that required by mentally retarded individuals and:
 - a. The disability originates before such individual attains age 18,
 - b. The condition has continued, or can be expected to continue, indefinitely,
 - c. The condition substantially limits one or more major life activities on an ongoing basis.
2. **Adult Cognition Impairments. Permanent Permit.** Persons whom by reason of traumatic brain injury, illness or other accident occurring after age 18 experience ongoing impairments(s) in cognition that substantially limit(s) one or more major life activities, including individuals who meet SSA, SSI, or SSDI eligibility criteria.
3. **Serious Persistent (Chronic) Mental Illness. Permanent Permit.** Individuals with a mental illness with symptoms chronic in nature who experience a significant limitation in their ability to take part in major life activities **and** who meet one of the following:
 - a. Having a mental disorder diagnosis based on criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM);
 - b. Living in a group/boarding home setting, receiving state or federal financial assistance and participating in a state or federally funded work activity center or workshop;
 - c. Permanently placed in a supervised or supported living arrangement;
 - d. Addressing mental health needs by participating in any training/ rehabilitation program or therapy established under federal, state, county, Regional Support Network (RSN) or city government agency.
4. **Serious Mental Illness (Acute at-risk). Temporary Permit.** Individuals with a mental illness who are currently experiencing a significant limitation in their ability to take part in major life activities **and** who meet one of the following:
 - a. Having a mental disorder diagnosis based on criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM);
 - b. Living in a group/boarding home setting, receiving state or federal financial assistance and participating in a state or federally funded work activity center or workshop;
 - c. Living at home under supervision and participating in a state or federally funded state or federal work activity center or workshop;
 - d. Addressing mental health needs by participating in any training/ rehabilitation program or therapy established under federal, state, county, Regional Support Network (RSN) or city government agency.

**COMMUNITY TRANSIT***Community Transit Ride Store*

20110 46th Ave W – Lynnwood, WA 98036
 • 425-348-2350 • Toll Free: 1-800-562-1375
 • TTY Relay: 711

**EVERETT TRANSIT**

3201 Smith Ave – Everett, WA 98201
 • 425-257-7777 • TDD/TTY: 425-257-7778
 • Everett Para Transit: 425-257-8801

**INTERCITY TRANSIT**

222 State Ave NE – Olympia, WA 98501
 • 360-786-1881 • Toll Free: 1-800-287-6348
 • TDD/TTY: 360-943-5211
 • Dial-A-Lift: 360-754-9393
 • Toll Free: 1-800-244-6846

**JEFFERSON TRANSIT**

1615 W. Sims Way – Port Townsend, WA 98369
 • 360-385-4777
 • TDD/TTY: 1-800-833-6388
 • Dial-A-Ride: 360-385-4777

**KITSAP TRANSIT**

60 Washington Ave, #200 – Bremerton, WA 98337
 Bremerton Transportation Center
 • 360-373-BUSS • From Seattle: 206-242-8355
 • Toll Free: 1-800-501-RIDE
 • Kitsap Transit ACCESS (toll free): 1-800-422-BUSS
 • TDD/TTY: 360-377-9874

**MASON TRANSIT**

Mailing: PO Box 1880 - Shelton, WA 98584
 Physical: 790 E. Johns Prairie Rd - Shelton, WA 98584
 • 360-427-5033 • Toll Free: 1-800-374-3747
 • TDD/TTY: 711 or 1-800-833-6388

**King County****KING COUNTY METRO TRANSIT**

201 South Jackson St – Seattle, WA 98104-3856
 • 206-553-3000 • Toll Free: 1-800-542-7876
 • TDD/TTY: 711

**KING COUNTY FERRY DISTRICT**

201 South Jackson St • Seattle, WA 98104-3856
 (206) 684-1551 • TTY: 711

**PIERCE TRANSIT**

The Bus Shop – 930 Commerce – Tacoma, WA 98402
 Lakewood Bus Shop – 3720 96th St SW – Lakewood, WA 98499
 • 253-581-8000 • Toll Free: 1-800-562-5109
 • TDD/TTY: (243) 582-7951
 • SHUTTLE: 253-581-8100
 • Toll free: 1-800-841-1118
 • TDD/TTY: 253-582-7963

**SKAGIT TRANSIT**

600 County Shop Lane – Burlington, WA 98233
 • Burlington Business Office: 360-757-8801
 • Customer Service: 360-757-4433
 • TTY: 1-360-757-1938 • Toll Free: 1-877-584-7528

**SOUND TRANSIT**

401 South Jackson St – Seattle, WA 98104
 • 206-398-5000 • Toll Free: 1-800-201-4900
 • TDD/TTY: 711

**WSDOT Ferries Division (WSF)**

Customer Information – 2901 Third Avenue, # 500 – Seattle, WA 98121-3014
 • 206-464-6400
 • Toll Free WA & BC: 1-888-808-7977 or 511
 • Persons who are deaf or hard of hearing may access Relay Services by dialing 711(WA) and ask to be connected to 206-515-3460

Regional Reduced Fare Permit – Certification of Eligibility

Applicant’s Release – Please Print

I hereby authorize the physician to release any information necessary to complete this certification. I understand that this information is confidential and shall not be released without my approval or a court order. I understand that the transit agency issuing this permit shall have the right and opportunity to verify my eligibility for a Regional Reduced Fare Permit. I understand that if any of the statements made on this application form are false or inaccurate, I will lose the privileges granted by the Reduced Fare Permit and be subject to criminal prosecution in accordance with Washington State Law for fraud (RCW #9A.56.020).

Name _____
First Middle Last

Address _____
Street City State Zip

Date of Birth _____ Phone No. _____

Applicant’s Signature _____ Date _____

This Section to Be Completed by The Following Approved Health Care Provider:

Washington State Licensed: • Physician (M.D.) • Psychiatrist • Psychologist (Ph.D.) • Audiologist certified by the American Speech, Language and Hearing Association • Physician’s Assistant (P.A.) • Advanced Registered Nurse Practitioner (A.R.N.P.) • **Signatures of Health Care Providers other than these are not acceptable.**

1. This applicant must meet at least one of the criteria and conditions listed in the *Medical Eligibility Criteria and Conditions* brochure.
2. The specific Medical Eligibility Criteria number must be noted in the space provided.
3. If Section 6.4 is used, this person must be diagnosed by you as being “Acute-at-risk.” The appropriate subsection (a, b, c or d) must be included along with the name and phone number of the work activity center, training or rehabilitation program in which this patient is currently a patient. **Note:** An applicant’s enrollment in a drug or alcohol rehabilitation program does not, in and of itself, meet eligibility requirements.
4. An applicant’s financial situation has no bearing on eligibility.

I certify that _____ meets the Medical Edibility Criteria _____

If Section 6.4 (a, b, c or d) enter name of qualifying program: _____

Please check the appropriate boxes:

Yes No The disability is temporary. Specify length of disability: _____ months. A temporary disability must be expected to last at least three months, but no long than one (1) year.

Yes No The disability is permanent.

Yes No This applicant requires a Personal Care Attendant. If yes: temporary permanent

Verification of Approved Health Care Provider – Please Print

Name _____ Phone No. _____

Provider or Agency Address _____

Washington State License No. _____

Signature _____ Date _____

Original Signature Only – no photocopies or fax accepted

I understand that if any of the statements made on this application form are false or inaccurate, I will be subject to criminal prosecution in accordance with Washington State Law for fraud (RCW #9A.56.020).