



# For Physician or Certifying Agent

To qualify for The Bus' Persons with Disabilities Program, your client/patient must have a physical or mental condition that falls within the medical eligibility criteria listed below. Check all that apply.

Is this disability permanent?  Yes  No

Has condition existed for at least 90 days?  Yes  No

### A. Non-Ambulatory Disabilities

1. Impairments which require the individual to use a wheelchair.

### B. Semi-Ambulatory Physical Disabilities

- 1. **Restricted mobility.** Disabilities requiring the permanent use of a cane, crutches, long leg brace or other orthopedic appliances to assist an individual in moving about.
- 2. **Arthritis.** American Rheumatism Association criteria may be used as a guideline for the determination of arthritic disability; Therapeutic Grade III, Functional Class III, Anatomical State III or worse is evidence of arthritic disability.
- 3. **Loss of extremities.** Anatomical deformity of or amputation of both hands, one hand and one foot, or loss of major function.
- 4. **Cerebrovascular accident.** Ongoing debilitating effects following occurrence of accident, or Cerebral Palsy.
- 5. **Cardio-pulmonary disease.** Serious loss of heart or lung reserves as shown by X-ray, EKG or other tests and in spite of medical treatment, there is breathlessness, pain or fatigue.
- 6. **Dialysis.** Individual who must use a kidney dialysis machine in order to live.
- 7. **Acquired Immune Deficiency Syndrome (AIDS)/HIV+.**
- 8. **Other.** Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C. Visual Disabilities

- 1. **Legally blind.** Visual impairment that is bilateral and not correctable with lenses.
- 2. **Contraction of visual field.** Persons whose widest diameter of visual field subtends an angular distance of 20 degrees, or less than 10 degrees from point of fixation; or whose visual field efficiency is 20 degrees or less.

### D. Hearing Disabilities

1. **Legally deaf.** Hearing impairment that is bilateral and not correctable with hearing aid.

### E. Mental Disabilities

- 1. **Developmentally disabled.** Mental disability that originates before age 18.
- 2. **Adult mental retardation.**
- 3. **Epilepsy.** Grand mal or Psychomotor. Persons who are seizure-free for a continuous period of six months are disqualified.
- 4. **Autism.** Monotonously repetitive motor behavior, severe withdrawal, inappropriate response to stimuli and very inadequate social relationships.
- 5. **Neurological disabilities.** Neurological and physical impairments not controlled by medication (i.e., cerebral palsy or multiple sclerosis).
- 6. **Organic brain syndrome/emotionally disturbed or Bi-Polar.** Mental disturbances that require boarding or home care, funded work activity or workshop.
- 7. **Schizophrenia**

### F. Disability Benefit Recipient

- 1. **Medicare Cardholder.** (Please bring a copy of your Medicare Card. State Medicaid recipients do not qualify.)
- 2. **Disabled veteran**
- 3. **Social Security Disability**

City Utilities reserves the right to confiscate a reduced farecard that has been used improperly. Reduced farecards should not be loaned or borrowed. A confiscated card will not be returned or replaced. This application is the property of City Utilities Transit.

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Please Print Physician's Name or Certifying Agent

\_\_\_\_\_

Address

\_\_\_\_

Area Code

\_\_\_\_

Phone No.

\_\_\_\_\_

\_\_\_\_\_

Physician's State License No. Required

Due to the disability indicated above, I hereby certify that the applicant is disabled as defined by the above criteria, and to the best of my knowledge the above information is true and correct.

Authorized Signature

Date