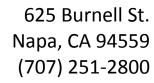


DART I.

## VINE Transit Discounted Pass Purchase Program - Application

I ANT I.			
Name:	ι	_ast Name:	
Birth date:		Age:	
Address:			
City:	State:		Zip:
Telephone:		_ Cell Phone:_	
*Email address (please write clearl	ly):		
Re-write Email address (please wri	te clearly): _		
Signature:			Date:
*Email address is required if	participant w	ould to purch	ase reduced bus passes online.
Please mark ONE of the following	<u>v:</u>		
☐ I am 65+ years of age (	Please provi	de copy of val	id identification – skip Part II).
☐ I am enrolled in Medication — sl	_	rovide copy o	f Medicare Card AND copy of
☐ I have a DMV Placard I valid identification – sl	•	se provide cop	by of Placard ID card AND copy of
I am not enrolled in Mo     (Part II of application Mo)			





## **PART II:**

I certify that I am eligible for a disabled discount fee on VINE Transit Services vehicles under the following category as defined in the Regional Transit Discount Card Eligibility Criteria Handbook:

Please Check:	
☐ Amputation which impairs mobility	☐ Epilepsy
☐ Arthritis which impairs hip or leg joint	☐ Mentally Challenged
☐ Autism	☐ Motor disabilities (example: Cerebral Palsy, Muscular Dystrophy)
☐ Cardiac (heart) impairment which limits walking up to 100 yards or less without difficulty.	Respiratory ailment which limits walking up to 100 yards or less without difficulty.
☐ Central Nervous System impairment	☐ Stroke which impairs mobility up to 100 yards or less without difficulty
☐ Cerebral Palsy	☐ User of Crutches, Walker, Long Leg Braces
☐ Deafness	☐ Vision impairment (denied a driver's license due to vision impairment)
☐ Dialysis	☐ Wheelchair User
The following categories require certification by a naccess to medical records.	nedical doctor or federal, state or local agency with
☐ Mental Disorder	
☐ Chronic Progressive Debilitating Disorders include chemotherapy or radiation, advanced Lupus or Clinical Group IV Sub A-E.	
Name of Applicant	
Date	
Certifying Physician / Agency Rep	
Title	
License Number	



## **Notice to Applicants:**

Individuals possessing a Medicare card or DMV Placard ID Card are automatically eligible for reduced passes. Persons whose sole disability is acute or chronic alcoholism or drug addiction are specifically excluded from discount fare edibility. Return to address above.

- 1. In accordance with NCTPA operational policy, VINE Transit reserves the right to determine qualifications for its reduced fare programs.
- 2. If applying to purchase reduced passes online, Username and Password will not be issued if the applicant fails to provide:
  - a. Proper certification as proof of age.
  - b. Properly completed application.

Upon approval of application, a notification will be sent via email.

Only credit card payments are accepted online and you will receive your transit pass via U.S. mail in 5-7 business days. All bus passes are subject to VINE Transit's terms and conditions. Passes are valid for one passenger only. No refunds or exchanges.

3. Allow up to 10 days for application review once received.

## **Medicare Card Holder- Online Pass Sales Program Guidelines:**

Medicare card holders (other than disabled): Any individual with a current valid Medicare card is eligible to purchase reduced passes in person and online. To apply as a Medicare cardholder, you will need verification of Medicare status. You can obtain a printout verifying your status by calling the Social Security Administration at 1-800-772-1213, or by visiting a Social Security Administration Office.

INDIVIDUALS WITH MEDICARE CARDS WHO ARE NOT DISABLED AND NOT A SENIOR MUST PROVIDE THIS PROOF OF STATUS IN ADDITION TO THEIR CARDS. Applicants must also provide a government-issued picture identification card that verifies your age (driver's license, state of California ID card, alien registration card or passport).

PLEASE MAIL COMPLETED APPLICATIONS TO VINE TRANSIT AT:
625 Burnell St.
Napa, CA 94559
Or by fax at (707) 259-8638

Incomplete applications will be returned