



City of Tucson Transit Reduced Fare Program DISABLED

Eligibility Criteria: the applicant must, by reason of illness, injury, congenital malfunction, or other disability, be unable to utilize mass transit as effectively as others. Application approval enables passengers to pay the reduced fare on Sun Tran or Sun Shuttle, or utilize ADA-only service on Sun Shuttle.

Exclusions: Persons whose sole incapacity is: pregnancy; obesity; acute or chronic alcoholism or drug addiction; and contagious diseases which pose a danger to other passengers.

How to Apply Checklist:

- Please provide one of the following valid photo IDs:
 - Driver's license
 - State ID card
 - Passport
 - Government-issued ID
 - Tribal ID
- Please provide one of the following documents as proof of disability:
 - Medicare Card
 - Social Security Disability Insurance (SSDI) award letter
 - D.E.S. Vocational Rehabilitation referral & letter from physician
 - Current ADA Paratransit Eligibility letter issued by the City of Tucson ADA Paratransit Eligibility Office
 - Certification from physician or licensed health care provider
- If you are providing a physician's certification as proof of disability, take the application form to your physician/licensed health care provider for him/her to complete.

Terms & Conditions:

1. SunGO ID & Cards for disabled qualified individuals are valid for four years from date of issue.
2. The SunGO ID & Card can be used only by the person to whom it is issued.
3. The Special Services Office reserves the right to verify the information provided on the application form.
4. Applications will remain confidential.

Special Services Office, 35 W. Alameda, Tucson, Arizona 85701. For questions, please call (520) 791-4100.

Disabled Application

1. Personal Information

Please print or type

Mr. Mrs. Ms. _____
Last Name First Name Middle Initial

Place of residence

- Personal residence
 Long term care facility: _____
 Shelter: _____
 Group home: _____
 Other (Please specify) _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ E-mail: _____

Birthdate: ____ / ____ / ____
Month Day Year

2. Proof of Disability Documentation

To qualify as a disabled individual, the applicant must, by reason of illness, injury, congenital malfunction, or other disability, be unable to utilize mass transit as effectively as others. Conditions which **DO NOT** qualify are: pregnancy, obesity, acute or chronic alcoholism or drug addiction, and contagious diseases which pose a danger to other passengers.

Please provide one of the following documents as proof of disability to qualify for a disabled ID card. Complete the appropriate section based on the document you are providing.

- Medicare Card (section A)
 Social Security Disability Insurance (SSDI) award letter (section B)
 D.E.S. Vocational Rehabilitation referral & letter from physician (section C)
 Valid ADA Paratransit Eligibility letter (section D)
 Certification from physician (section E)

A. Medicare Card

- I am a recipient of Medicare. I am submitting my Medicare Card as proof of disability.

B. Social Security Disability Insurance (SSDI) award letter

- I currently receive Social Security Disability Insurance (SSDI) benefits from the United States Social Security Administration (SSA). I am submitting my SSDI award letter as proof of disability.

C. D.E.S. Vocational Rehabilitation referral

- I am eligible to receive Vocational Rehabilitation services from the Department of Economic Security. I am submitting my D.E.S. Vocational Rehabilitation referral letter and letter from physician as proof of disability.

D. Valid ADA Paratransit Eligibility Card

- I am eligible for ADA Paratransit services. I am submitting my current ADA Paratransit Eligibility letter as proof of disability.

(1 of 2)

Disabled Application

Special Designations Only for Persons with ADA Paratransit Eligibility Card:

Individuals who have been approved for either a Personal Care Attendant (PCA) or Segway and have this designation on their ADA Paratransit Eligibility Card can use this as proof to obtain the Sun Tran disability ID with the same designation. Please indicate which you are applying for:

- Personal Care Attendant Segway

E. Certification from physician (to be completed by physician or other licensed health care provider)

Important note to physicians & health care providers: The criterion for eligibility is the functional ability of your patient to use regularly scheduled transit service. If the applicant is able to use such service, but experiences difficulty in doing so due to his/her medical condition, he/she is eligible. Certification forms will be confidential records.

Physician/Licensed Health Care Provider:

Name of physician/licensed health care provider: _____ Phone: _____

Office Address: _____ City: _____

State: _____ Zip: _____ State Professional License No.: _____

Please complete the following section regarding the applicant's disability. Check all that apply.

- Non-ambulatory Semi-ambulatory Amputation
 Sight impairment Cardiac or Pulmonary condition Mental impairment/illness
 Hearing impairment Epilepsy
 Brain, spinal, peripheral nerve injury or arthritic condition
 Chronic progressive debilitating condition
 Other (please explain): _____

Signature of physician/licensed health care provider: _____ Physician ID# _____

3. Valid Photo ID

One valid photo ID is also required. Check which form of ID you are providing.

- Driver's license State ID card Passport Government-issued ID Tribal ID

4. Statement of Truth

I agree that the statements made about my disability and all other information that relates to my eligibility for benefits is true and correct to the best of my knowledge, and that I have not withheld any information. Permission is hereby granted to Authorized Agent to contact any sources necessary to establish the accuracy of information given by me or other information that pertains to the verification of my eligibility to receive reduced fares based on my disability. I understand that my application will be denied if the information provided is found to be untrue. The signature below certifies that all information relative to eligibility is correct. In accordance with the Tucson City Code (Sec. 2-22.1) any person providing false information or refusal to provide information is punishable by a \$500 fine and may be deemed ineligible for the economy fare for up to five (5) years.

Applicant's Signature _____ Date ____ / ____ / ____