MEMORANDUM OF AGREEMENT

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

This agreement is entered into as of the August 30, 2017, by and between Clallam Transit System, the City of Everett (Everett Transit), Grays Harbor Transit, Thurston County Public Transportation Benefit Authority (Intercity Transit), Jefferson Transit Authority (Jefferson Transit), King County Department of Transportation – Metro Transit Division (King County Metro), King County Marine Division (King County Water Taxi), Kitsap County Public Transportation Benefit Area (Kitsap Transit), Pierce County Ferries, Pierce County Public Transportation Benefit Area (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 Public Transportation Benefit Area Authority (Mason Transit Authority), Skagit Transit, and Whatcom Transportation Authority hereinafter called the "parties."

Section 1. Purpose and Changes from Prior Agreement: The purpose of this agreement is to set forth the requirements for and implementation of the Regional Reduced Fare Permit (RRFP) established in memorandum of agreement dated May 17, 1982, August 8, 1984, August 8, 1987, September 8, 1994, December 1, 2000, September 1, 2002, February 3, 2003, August 1, 2009, December 1, 2012, and June 1, 2015. This agreement supersedes these 10 prior agreements. Grays Harbor Transit has been added to this agreement as a party, including amendments to Attachments 1 and 2. Section 7 - Eligibility Certification has been modified from the agreement dated June 1st, 2015 to indicate that photo identification is required to be provided during eligibility determination. Section 5 – Cost of Regional Reduced Fare Permit – has been changed to indicate that issuing agencies can charge any amount up to $3 for permanent, temporary, and replacement RRFP cards. Section 17 – Amendment Approval – has had text added to clarify that amendments and other Task Force decisions where there is not a full consensus will be determined by a majority-rule vote. The design of RRFP materials distributed in association with this agreement, including the medical eligibility document, and the application have been updated per the request of the signatories and to accommodate new parties.

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.

Public transportation operators must establish procedures to comply with the requirements of Title 49, Section 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 an A.D.A. Paratransit Card and Regional Reduced Fare Permit would be required to go through two separate certification processes.
Each of the parties agrees to adhere to all policies and procedures established in this agreement, including the eligibility certification, cost, and design of the Regional Reduced Fare Permit. Each of the parties also agrees to honor a Regional Reduced Fare Permit issued by any of the parties, which will result in mutual benefits by facilitating interagency public transportation use by senior and disabled persons within the region.

**Section 3. Roles and Responsibilities.** The roles and responsibilities associated with this agreement are as follows:

a). MOA Signatories (parties): Transportation operators who sign this MOA (agreement) will comply with the conditions set forth in this MOA, Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d *et seq.*, regulations adopted to implement Title VI, and other applicable FTA regulations, and will provide staff for the RRFP Task Force. MOA signatories agree to address eligibility issues and other complaints as they arise with their customers relating to this agreement. Issues associated with this agreement that cannot be handled by the Resident Agency will be brought to the attention of the RRFP Task Force by the Resident Agency at its next scheduled meeting. MOA signatories will also provide timely and substantive feedback on amendments to this agreement.

b). Puget Sound Regional Council (PSRC): Will serve as the holder of the MOA and convener of the RRFP Task Force. PSRC is not a signatory or enforcer of the agreement.

c). RRFP Task Force: Will adhere to the responsibilities set forth in Sections 13 and 14. The RRFP Task Force will review and evaluate possible amendments to this agreement and make recommendations for amendments consistent with Sections 16, 17, and 18 of this agreement.

**Section 4. 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 a person certified under the Americans with Disabilities Act consistent with CFR 49, sections 37.123 and 37.125.

b). **Automatically Eligible:** An applicant with a valid A.D.A. Paratransit Card or other supporting materials will not be required to go through the standard eligibility certification process for a Regional Reduced Fare Permit. Any party may establish reasonable application procedures to determine validity of the A.D.A. Paratransit Card (or other supporting materials) and to gather necessary information.

c). **Disabled Person:** Shall mean any individual who, by reason of a 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: Clallam, Grays Harbor, Jefferson, King, Kitsap, Mason, Pierce, Snohomish, Skagit, Thurston and Whatcom.

g). **Region/Regional:** Shall mean pertaining to the Puget Sound Region.

h). **A.D.A. Paratransit Card:** Shall mean an eligibility card issued to A.D.A.-eligible persons in conformance with specifications established by parties to the MOA.

i). **Regional Reduced Fare Permit Task Force:** Shall mean the sub-committee of the Puget Sound Regional Council by that name.

j). **Resident Agency:** Shall mean the public transportation provider whose service boundaries include the person’s place of residence.

k). **Senior:** Shall mean a person of age 65 years or older.

l). **Temporary Disability:** Shall mean an impairment expected to last for a continuous period of no more than five (5) years.

**Section 5. Cost of Regional Reduced Fare Permit:** An agency may charge a processing fee of no more than $3.00 for issuance of a temporary, permanent, or replacement Regional Reduced Fare Permit.

**Section 6. Design of Regional Reduced Fare Permit:** The Regional Reduced Fare Permit design, both permanent and temporary, shall conform to the authorized design specifications approved by the RRFP Task Force. Parties must issue one of the authorized designs identified in Attachment 1. Parties shall continue to accept RRFPs issued prior to the date of this agreement that used the previous design. 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 seniors. (See Attachment 1.)

**Section 7. Eligibility Certification:** Any of the parties may certify the eligibility of applicants on behalf of all of the parties. Applicants may apply for a Regional Reduced Fare Permit, either permanent or temporary, from any of the parties designated as issuing agencies.

All applicants must provide photo identification (state issued, Passport, Military, Tribal or an ID issued by a human services or health agency) that verifies the identity of the individual seeking reduced fare.

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

**For Issuance of a Permanent RRFP Card (Must be Puget Sound Region resident)**

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 disability certification of 40 percent or more by the Veterans Administration.
For Issuance of a Temporary RRFP Card

c). The applicant provides proof of current eligibility for Social Security disability benefits or current receipt of Supplemental Security Income Benefits due to a disability.

d). The applicant presents a valid Medicare card issued by the Social Security Administration.

f). The applicant has a current Washington State Individual Educational Program (IEP)

g). The applicant presents a valid Washington State Department of Licensing-issued disabled parking identification card in conjunction with a government-issued photo identification.

For Issuance of either a Permanent or Temporary RRFP Card (Case-by-Case)

h). The applicant presents a valid A.D.A. Paratransit card or other supporting materials

i). The applicant obviously meets one or more of the medical criteria in Attachment 2.

j). The applicant is certified by a Washington State-Licensed physician (M.D.), psychiatrist, psychologist (Ph.D.), physician’s assistant (P.A.), Doctor of Osteopathic Medicine (D.O.) 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 2 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 2 to certify applicants.

Each approved health care provider certifying a person under Criterion j 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 2).

Section 8. 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 7 of this agreement as having a permanent disability.

b). For persons who have a permanent A.D.A. Paratransit Card or other supporting materials: 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 A.D.A. Paratransit Card. As automatically eligible, these persons will not be required to go through the standard eligibility process. Any party may establish reasonable application procedures to determine the validity of an A.D.A. Paratransit Card (or other supporting materials) and to gather necessary information.

Section 9. Issuance of Temporary Regional Reduced Fare Permit:

a). For persons who are not A.D.A.-eligible: Temporary Regional Reduced Fare Permits will be issued to persons certified as eligible under Section 7 with a temporary disability. The temporary Regional Reduced Fare Permit will be issued for the amount of time reflected in the eligibility certification
documentation provided during the application process, up to a maximum of five (5) years. If no expiration date is provided in the eligibility certification documentation, the temporary permit shall be valid for three (3) years.

b). For persons who have a temporary A.D.A. Paratransit Card or other supporting materials: 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 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 an A.D.A. Paratransit Card (or other supporting materials) and to gather necessary information.

Section 10. Personal Care Attendant Policy: Applicants that are 6 years or older (i.e. eligible to pay a fare) and require a personal care attendant (PCA) can be certified as such by the resident agency or by an approved health care provider. Persons eligible for an RRFP who are 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 to 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 1).

Section 11. 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 12. Local Reduced Fare Permits (Optional): At the discretion of each party, 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 13. Information-Sharing: All parties to this agreement shall share information with other parties that is necessary to implement the regional program effectively.

Section 14. Regional Coordination: Parties shall meet at least once every two years, or more frequently as-needed, 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 15. 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 16. Amendment: Amendment to this agreement may be made only by written amendment signed by all parties. In recognition of the time and effort it takes to prepare updates to this agreement and associated attachments, substantive amendments that require an amendment to this agreement are discouraged from occurring more frequently than once every two years. The RRFP Task Force, when it meets, will make every effort to address issues that arise in a manner that does not require substantive amendments to this agreement. Substantive amendments include new agency opt-ins and other significant
changes to RRFP policy reflected in the MOA, and other similar changes. Non-substantive amendments, including changes to agency logos, contact information and other minor changes to attachments associated with this agreement may be implemented no more frequently than on an annual basis. The RRFP Task Force shall make the determination about whether an amendment constitutes a substantive amendment or a non-substantive amendment.

**Section 17: Amendment Approval:** All proposed amendments to this agreement also shall require approval by the PSRC Transportation Operators Committee. The RRFP Task Force shall submit proposed amendments for approval and will report to the Transportation Operators Committee on the proposed changes to the agreement and other supplementary materials. Key issues, including those around amendments, will be resolved by a majority rule vote.

**Section 18. New Agency Opt-In:** In recognition of the time and effort it takes to update regional reduced fare permit materials and public information, agencies who are not yet signatories to the MOA may become parties to the agreement, no sooner than two years after the date of this agreement. Agencies that want to accept regional reduced fare permits as valid in their system may do so at any time.

**Section 19. 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.

**Section 20. No Third-Party Beneficiaries:** This agreement is exclusively for the benefit of the parties, and creates no rights in any other person or entity.
IN WITNESS WHEREOF, the Parties hereto have executed this agreement as of the date and year written above.

Clallam Transit System

Name: Kevin Gallacci, General Manager, Clallam Transit
Signature ___________________________ Date 10/16/17

City of Everett (Everett Transit)

Name: Ray Stephanson, Mayor, City of Everett
Signature ___________________________ Date

Attest: Sharon Fuller, City Clerk
Signature ___________________________ Date

Jim Iles, City Attorney
Signature ___________________________ Date

Grays Harbor Transportation Authority (Grays Harbor Transit)

Name: Ken Mehin, General Manager
Signature ___________________________ Date

Thurston County Public Transportation Benefit Authority (Intercity Transit)

Name: Ann Freeman-Manzanares, General Manager, Intercity Transit
Signature ___________________________ Date

Jefferson Transit Authority (Jefferson Transit)

Name: Tammi Rubert, General Manager, Jefferson Transit
Signature ___________________________ Date
IN WITNESS WHEREOF, the Parties hereto have executed this agreement as of the date and year written above.

**Clallam Transit System**

Name: Kevin Gallacci, General Manager, Clallam Transit

Signature ___________________________  Date ___________

**City of Everett (Everett Transit)**

Name: Ray Stephanson, Mayor, City of Everett

Signature ___________________________  Date 10/30/2017

Attest: Sharon Fuller, City Clerk

Signature ___________________________  Date 10/30/2017

Jim Iles, City Attorney

Signature ___________________________  Date 10.30.17

**Grays Harbor Transportation Authority (Grays Harbor Transit)**

Name: Ken Mehin, General Manager

Signature ___________________________  Date ___________

**Thurston County Public Transportation Benefit Authority (Intercity Transit)**

Name: Ann Freeman-Manzanares, General Manager, Intercity Transit

Signature ___________________________  Date ___________

**Jefferson Transit Authority (Jefferson Transit)**

Name: Tammi Rubert, General Manager, Jefferson Transit

Signature ___________________________  Date ___________
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Clallam Transit System

Name: Kevin Gallacci, General Manager, Clallam Transit

Signature ___________________________ Date ______________

City of Everett (Everett Transit)

Name: Ray Stephanson, Mayor, City of Everett

Signature ___________________________ Date ______________

Attest: Sharon Fuller, City Clerk

Signature ___________________________ Date ______________

Jim Iles, City Attorney

Signature ___________________________ Date ______________

Grays Harbor Transportation Authority (Grays Harbor Transit)

Name: Ken Mehin, General Manager

Signature ___________________________ Date 11/17/17

Thurston County Public Transportation Benefit Authority (Intercity Transit)

Name: Ann Freeman-Manzanares, General Manager, Intercity Transit

Signature ___________________________ Date ______________

Jefferson Transit Authority (Jefferson Transit)

Name: Tammi Rubert, General Manager, Jefferson Transit

Signature ___________________________ Date ______________
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Clallam Transit System

Name: Kevin Gallacci, General Manager, Clallam Transit

Signature ______________________________ Date ____________

City of Everett (Everett Transit)

Name: Ray Stephanson, Mayor, City of Everett

Signature ______________________________ Date ____________

Attest: Sharon Fuller, City Clerk

Signature ______________________________ Date ____________

Jim Iles, City Attorney

Signature ______________________________ Date ____________

Grays Harbor Transportation Authority (Grays Harbor Transit)

Name: Ken Mehin, General Manager

Signature ______________________________ Date ____________

Thurston County Public Transportation Benefit Authority (Intercity Transit)

Name: Amy Freeman-Manzanares, General Manager, Intercity Transit

Signature ______________________________ Date October 24, 2017

Jefferson Transit Authority (Jefferson Transit)

Name: Tammi Rubert, General Manager, Jefferson Transit

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

Clallam Transit System

Name: Kevin Gallacci, General Manager, Clallam Transit

Signature _____________________________ Date __________________

City of Everett (Everett Transit)

Name: Ray Stephanson, Mayor, City of Everett

Signature _____________________________ Date __________________

Attest: Sharon Fuller, City Clerk

Signature _____________________________ Date __________________

Jim Iles, City Attorney

Signature _____________________________ Date __________________

Grays Harbor Transportation Authority (Grays Harbor Transit)

Name: Ken Mehin, General Manager

Signature _____________________________ Date __________________

Thurston County Public Transportation Benefit Authority (Intercity Transit)

Name: Ann Freeman-Manzanares, General Manager, Intercity Transit

Signature _____________________________ Date __________________

Jefferson Transit Authority (Jefferson Transit)

Name: Tammi Rubert, General Manager, Jefferson Transit

Signature _____________________________ Date 11/16/17
King County Department of Transportation (King County Metro)

Name: Rob Gannon, General Manager, King County Department of Transportation - Metro Transit Division

Signature __________________________ Date 22. Nov. 2017

King County Marine Division (King County Water Taxi)

Name: Paul Brodeur, Director, King County Department of Transportation - King County Marine Division

Signature __________________________ Date ____________

Kitsap County Public Transportation Benefit Area (Kitsap Transit)

Name: John Clauson, Executive Director, Kitsap Transit

Signature __________________________ Date ____________

Mason County Public Transportation Benefit Area Authority (Mason Transit Authority)

Name: Danette Brannin, General Manager, Mason Transit Authority

Signature __________________________ Date ____________

Pierce County Ferries

Name: Lauren Behm, Administrator, Pierce County Ferries

Signature __________________________ Date ____________
King County Department of Transportation (King County Metro)
Name: Rob Gannon, General Manager, King County Department of Transportation - Metro Transit Division
Signature ___________________________ Date ____________

King County Marine Division (King County Water Taxi)
Name: Paul Brodeur, Director, King County Department of Transportation - King County Marine Division
Signature ___________________________ Date 11/3/17

Kitsap County Public Transportation Benefit Area (Kitsap Transit)
Name: John Clauson, Executive Director, Kitsap Transit
Signature ___________________________ Date ____________

Mason County Public Transportation Benefit Area Authority (Mason Transit Authority)
Name: Danette Brannin, General Manager, Mason Transit Authority
Signature ___________________________ Date ____________

Pierce County Ferries
Name: Lauren Behm, Administrator, Pierce County Ferries
Signature ___________________________ Date ____________
King County Department of Transportation (King County Metro)

Name: Rob Gannon, General Manager, King County Department of Transportation - Metro Transit Division

Signature ___________________________  Date ________________

King County Marine Division (King County Water Taxi)

Name: Paul Brodeur, Director, King County Department of Transportation - King County Marine Division

Signature ___________________________  Date ________________

Kitsap County Public Transportation Benefit Area (Kitsap Transit)

Name: John Clauson, Executive Director, Kitsap Transit

Signature ___________________________  Date 11/16/17

Mason County Public Transportation Benefit Area Authority (Mason Transit Authority)

Name: Danette Brannin, General Manager, Mason Transit Authority

Signature ___________________________  Date ________________

Pierce County Ferries

Name: Lauren Behm, Administrator, Pierce County Ferries

Signature ___________________________  Date ____________
King County Department of Transportation (King County Metro)
Name: Rob Gannon, General Manager, King County Department of Transportation - Metro Transit Division
Signature ____________________________ Date ____________

King County Marine Division (King County Water Taxi)
Name: Paul Brodeur, Director, King County Department of Transportation - King County Marine Division
Signature ____________________________ Date ____________

Kitsap County Public Transportation Benefit Area (Kitsap Transit)
Name: John Clauson, Executive Director, Kitsap Transit
Signature ____________________________ Date ____________

Mason County Public Transportation Benefit Area Authority (Mason Transit Authority)
Name: Danette Bramlin, General Manager, Mason Transit Authority
Signature ____________________________ Date 10/18/17

Pierce County Ferries
Name: Lauren Behm, Administrator, Pierce County Ferries
Signature ____________________________ Date ____________
King County Department of Transportation (King County Metro)
Name: Rob Gannon, General Manager, King County Department of Transportation - Metro Transit Division
Signature _______________________________ Date ________________

King County Marine Division (King County Water Taxi)
Name: Paul Brodeur, Director, King County Department of Transportation - King County Marine Division
Signature _______________________________ Date ________________

Kitsap County Public Transportation Benefit Area (Kitsap Transit)
Name: John Clauson, Executive Director, Kitsap Transit
Signature _______________________________ Date ________________

Mason County Public Transportation Benefit Area Authority (Mason Transit Authority)
Name: Danette Brannin, General Manager, Mason Transit Authority
Signature _______________________________ Date ________________

Pierce County Ferries
Name: Lauren Behr, Administrator, Pierce County Ferries
Signature _______________________________ Date 11/16/17

2017 Regional Reduced Fare Permit Memorandum of Agreement 8 of 9
Pierce County Public Transportation Benefit Area (Pierce Transit)

Name: Sue Dreier, CEO, Pierce Transit

Signature

Date 11/7/17

Skagit Transit (Skagit Transit)

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

Signature

Date

Snohomish County Public Transportation Benefit Area Corporation (Community Transit)

Name: Emmett Heath, CEO, Community Transit

Signature

Date

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

Name: Amy Scarton, Assistant Secretary, Washington State Department of Transportation – Ferries Division

Signature

Date

Whatcom Transportation Authority

Name: Peter Stark, General Manager, Whatcom Transportation Authority

Signature

Date

Central Puget Sound Regional Transit Authority (Sound Transit)

Name: Peter Rogoff, CEO, Sound Transit

Signature

Date
Pierce County Public Transportation Benefit Area (Pierce Transit)

Name: Sue Dreier, CEO, Pierce Transit

Signature ___________________________ Date ________________

Skagit Transit (Skagit Transit)

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

Signature ___________________________ Date 11-16-17

Snohomish County Public Transportation Benefit Area Corporation (Community Transit)

Name: Einnett Heath, CEO, Community Transit

Signature ___________________________ Date ________________

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

Name: Amy Scarton, Assistant Secretary, Washington State Department of Transportation – Ferries Division

Signature ___________________________ Date ________________

Whatcom Transportation Authority

Name: Peter Stark, General Manager, Whatcom Transportation Authority

Signature ___________________________ Date ________________

Central Puget Sound Regional Transit Authority (Sound Transit)

Name: Peter Rogoff, CEO, Sound Transit

Signature ___________________________ Date ________________
Pierce County Public Transportation Benefit Area (Pierce Transit)

Name: Sue Dreier, CEO, Pierce Transit

Signature ________________________________ Date ____________

Skagit Transit (Skagit Transit)

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

Signature ________________________________ Date ____________

Snohomish County Public Transportation Benefit Area Corporation (Community Transit)

Name: Emmett Heath, CEO, Community Transit

Signature ________________________________ Date ____________

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

Name: Amy Scarton, Assistant Secretary, Washington State Department of Transportation – Ferries Division

Signature ________________________________ Date ____________

Whatcom Transportation Authority

Name: Peter Stark, General Manager, Whatcom Transportation Authority

Signature ________________________________ Date ____________

Central Puget Sound Regional Transit Authority (Sound Transit)

Name: Peter Rogoff, CEO, Sound Transit

Signature ________________________________ Date ____________
Pierce County Public Transportation Benefit Area (Pierce Transit)

Name: Sue Dreier, CEO, Pierce Transit

Signature ___________________________ Date ____________

Skagit Transit (Skagit Transit)

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

Signature ___________________________ Date ____________

Snohomish County Public Transportation Benefit Area Corporation (Community Transit)

Name: Emmett Heath, CEO, Community Transit

Signature ___________________________ Date ____________

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

Name: Amy Sarton, Assistant Secretary, Washington State Department of Transportation — Ferries Division

Signature ___________________________ Date 12-6-17

Whatcom Transportation Authority

Name: Peter Stark, General Manager, Whatcom Transportation Authority

Signature ___________________________ Date ____________

Central Puget Sound Regional Transit Authority (Sound Transit)

Name: Peter Rogoff, CEO, Sound Transit

Signature ___________________________ Date ____________
Pierce County Public Transportation Benefit Area (Pierce Transit)

Name: Sue Dreier, CEO, Pierce Transit

Signature ___________________________ Date ______________________

Skagit Transit (Skagit Transit)

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

Signature ___________________________ Date ______________________

Snohomish County Public Transportation Benefit Area Corporation (Community Transit)

Name: Emmett Heath, CEO, Community Transit

Signature ___________________________ Date ______________________

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

Name: Amy Scarton, Assistant Secretary, Washington State Department of Transportation – Ferries Division

Signature ___________________________ Date ______________________

Whatcom Transportation Authority

Name: Peter Stark, General Manager, Whatcom Transportation Authority

Signature ___________________________ Date 9/26/17

Central Puget Sound Regional Transit Authority (Sound Transit)

Name: Peter Rogoff, CEO, Sound Transit

Signature ___________________________ Date ______________________
Pierce County Public Transportation Benefit Area (Pierce Transit)

Name: Sue Dreier, CEO, Pierce Transit

Signature ___________________________ Date ______________

Skagit Transit (Skagit Transit)

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

Signature ___________________________ Date ______________

Snohomish County Public Transportation Benefit Area Corporation (Community Transit)

Name: Emmett Heath, CEO, Community Transit

Signature ___________________________ Date ______________

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

Name: Amy Scarton, Assistant Secretary, Washington State Department of Transportation – Ferries Division

Signature ___________________________ Date ______________

Whatcom Transportation Authority

Name: Peter Stark, General Manager, Whatcom Transportation Authority

Signature ___________________________ Date ______________

Central Puget Sound Regional Transit Authority (Sound Transit)

Name: Peter Rogoff, CEO, Sound Transit

Signature ___________________________ Date Nov 7, 2017

2017 Regional Reduced Fare Permit Memorandum of Agreement
### New Authorized Designs

#### Option 2

<table>
<thead>
<tr>
<th>Design</th>
<th>Description</th>
<th>Font Specifications</th>
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</table>
| Regional      | Reduced Fare Permit                               | Senior: LBI Helvetica Black Oblique - 38pt  
Senior photo: B Helvetica Bold - 6pt |
| PCA           |                                                   | PCA: LBI Helvetica Black Oblique - 40pt  
Name: B Helvetica Bold - 6pt  
Expiration date: B Helvetica Bold - 6pt |
| Temporary     |                                                   | Temporary: LBI Helvetica Black Oblique - 32pt  
Name: B Helvetica Bold - 6pt  
Expiration date: B Helvetica Bold - 6pt |
This permit remains the property of the issuing agency, and entitles you to fare discounts on the following transportation systems:

<table>
<thead>
<tr>
<th>Clallam Transit</th>
<th>Kitsap Transit</th>
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<tr>
<td>Community Transit</td>
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<td>Pierce County Ferries</td>
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<td>Jefferson Transit</td>
<td>Sound Transit</td>
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<tr>
<td>King County Metro Transit</td>
<td>WSDOT Ferries Division (WSF)</td>
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<tr>
<td>King County Water Taxi</td>
<td>Whatcom Transportation Authority</td>
</tr>
</tbody>
</table>

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.

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:

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<td>King County Metro Transit</td>
<td>WSDOT Ferries Division (WSF)</td>
</tr>
<tr>
<td>King County Water Taxi</td>
<td>Whatcom Transportation Authority</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Permit Back</th>
<th>Personal Care Attendant Back</th>
</tr>
</thead>
<tbody>
<tr>
<td>This permit remains the property of the issuing agency, and entitles you to fare discounts on the following transportation systems:</td>
<td>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:</td>
</tr>
<tr>
<td>Clallam Transit</td>
<td>Clallam Transit</td>
</tr>
<tr>
<td>Community Transit</td>
<td>Kitsap Transit</td>
</tr>
<tr>
<td>Everett Transit</td>
<td>Mason Transit</td>
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<tr>
<td>Grays Harbor Transit</td>
<td>Pierce County Ferries</td>
</tr>
<tr>
<td>Intercity Transit</td>
<td>Skagit Transit</td>
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<tr>
<td>Jefferson Transit</td>
<td>Sound Transit</td>
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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.
Application for Regional Reduced Fare Permit for Senior and Disabled Persons

This application is available in accessible format.

Note: Applicants must be at least 6 years old to be eligible for a Regional Reduced Fare Permit.

Please Print

Name ______________________________________________________________
First                       Middle                       Last

Address ____________________________________________________________

City ______________________________________________________________ State_________ ZIP_________

Date of Birth______________________________ Phone No.____________________________

I am applying for a Regional Reduced Fare Permit on the following basis. Please check only one.

Permanent Permit:

☐ I am 65 years of age or older.

☐ I am providing proof of current eligibility by the Veterans Health Administration as having a disability of at least 40%.

Temporary Permit:

☐ I am providing proof of eligibility and am receiving Social Security Disability Benefits or Supplemental Security Income Benefits due to disability. (Applicant must show current award letter.)

☐ I am presenting a valid Medicare card issued by the Social Security Administration.

☐ I am currently participating in a vocational career program with the Washington State Individual Educational Program (IEP).

☐ I am providing a Washington Department of Licensing-issued disabled parking identification in conjunction with a government-issued photo identification.

Permanent or Temporary Permit (case-by-case):

☐ I am providing a valid Regional ADA paratransit card or other supporting materials issued by (Agency) ______________________________

ADA paratransit card/supporting materials expire(s) on ______________________________

☐ I have an obvious physical impairment(s) meeting one or more of the medical criteria listed in the Medical Eligibility Criteria and Conditions brochure.

☐ I am medically disabled as certified by a Physician (M.D.), Psychiatrist, Psychologist (Ph.D.), Physician’s Assistant (P.A.), Advanced Registered Nurse Practitioner (A.R.N.P.), Audiologist certified by the American Speech–Language–Hearing Association, Osteopathic Physician (D.O.) licensed in the State of Washington. See Health Care Provider’s Certification form on the back side of this application. This agency reserves the right to contact your Health Care Provider for verification.

Applicants Signature ______________________________ Date ______________________________

Please read the applicant section of the Medical Eligibility Criteria and Conditions brochure before completing this application.
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 Regional Reduced Fare Permit and be subject to criminal prosecution in accordance with Washington State Law for fraud (RCW #9A.56.020).

Name ______________________________________________________________________________________

Address __________________________________________________________________________________

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.) • Physician’s Assistant (P.A.)
• Advanced Registered Nurse Practitioner (A.R.N.P.) • Audiologist certified by the American Speech–Language–Hearing Association
• Osteopathic Physician (D.O.) — 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 Eligibility 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: _______________ years _______________ months.
A temporary disability must be expected to last no longer than 5 years.

☐ 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. _____________________________________________________________

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

Signature _____________________________________________ Date __________________

Original Signature Only — No Photocopies or FAX Accepted

Title VI Notice: All participating agencies in the RRFP program fully comply with Title VI of the Civil Rights Act of 1964 and related statutes and regulations in all programs and activities. For more information, or to obtain a Title VI Complaint Form, please contact the appropriate agency.
The Regional Reduced Fare Permit is a cooperative program developed through the Puget Sound Regional Council with support from the Federal Transit Administration and public agencies in the Puget Sound region.
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. King County Water Taxi, Pierce County Ferries, Sound Transit and Washington State Ferries do not issue the permits but will honor those issued by any of the other systems.

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 up to five years may receive temporary permits. If documentation does not include an expiration date, the RRFP will be valid for three years. 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?
The issuing agencies can charge up to $3 for permanent, temporary, and replacement RRFP cards.

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, except in cases where ORCA was used to pay a fare. If using ORCA, standard ORCA transfer rules apply. The permit holder must pay the amount of the reduced fare on each system used, and the 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.

Title VI Notice: All participating agencies in the RRFP program comply fully with Title VI of the Civil Rights Act of 1964 and related statutes and regulations in all programs and activities. For more information, or to obtain a Title VI Complaint Form, please contact the appropriate agency.
Regional Reduced Fare Permit

Who is eligible?

Any person who presents proof of one or more of the following conditions can obtain a Regional Reduced Fare Permit (the agencies reserve the right to contact your Health Care Provider for verification).

Permanent Permit:
1. Is at least 65 years of age.
2. Is currently certified by the Veterans Health Administration at a 40% or greater disability level.

Temporary Permit:
4. Has a valid Medicare card issued by the Social Security Administration.
5. Has a valid ADA Paratransit card from outside the region.
6. Is currently participating in a vocational career program with the Washington State Individual Educational Program (IEP).
7. Has a Washington Department of Licensing issued disabled parking identification in conjunction with a government issued photo identification.

Permanent or Temporary Permit (case-by-case): 8. Has a valid Regional ADA Paratransit card.
9. Has obvious physical impairments meeting one or more of the medical criteria listed to the right.
10. 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.), Audiologist certified by the American Speech-Language–Hearing Association, or Osteopathic Physician (D.O.) as meeting one or more of the medical criteria.

How do I get a Regional Reduced Fare Permit?

It's easy. Call the transit agency nearest you or access their Web site for information. The permit can cost up to $3.00 for new or replacement cards.

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 up to five years may receive temporary permits. These permits, which carry an expiration date based on documentation provided during the application process, 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 recertification upon loss of a permit or at any other time.

Available in Accessible Format December 2017

Whatcom Transportation Authority
Administrative Office: 4111 Bakerview Spur • Bellingham, WA 98226
www.idewta.com • 1-800-676-7433 • Toll Free: 1-866-989-4BUS
TDD/TTY: 360-676-6844

Regional Reduced Fare Permit

for Senior and Disabled Persons

Agencies listed with this logo accept but do not issue RRFP passes.

Contact your local transit agency for more information.

Prepared by the Puget Sound Regional Council with support from the Federal Transit Administration, the Washington State Department of Transportation, and public transportation agencies in the Puget Sound region.

Title VI Notice: All participating agencies in the RRFP program fully comply with Title VI of the Civil Rights Act of 1964 and related statutes and regulations in all programs and activities. For more information, or to obtain a Title VI Complaint Form, please contact the appropriate agency.

Whatcom Transportation Authority

Regional Reduced Fare Permit

If you’re a senior, a person with a disability, or have a Medicare card, you can ride for less when you use public transportation services to travel around Puget Sound. The Regional Reduced Fare Permit (RRFP) is an ID card that entitles you to discount fares on 15 transportation systems throughout the Puget Sound region. All have wheelchair accessible services. Just show your card when boarding the ferries or any regular bus route (fixed route). Most agencies in this booklet also provide curb-to-curb paratransit services for those unable to use the regular route: buses due to a disability. Having a Regional Reduced Fare Permit does not qualify you for paratransit services under the Americans with Disabilities Act (ADA), however. Please contact your local agency for more information on ADA paratransit eligibility and services.

Who is eligible?

Any person who presents proof of one or more of the following conditions can obtain a Regional Reduced Fare Permit (the agencies reserve the right to contact your Health Care Provider for verification).

Permanent Permit:
1. Is at least 65 years of age.
2. Is currently certified by the Veterans Health Administration at a 40% or greater disability level.

Temporary Permit:
4. Has a valid Medicare card issued by the Social Security Administration.
5. Has a valid ADA Paratransit card from outside the region.
6. Is currently participating in a vocational career program with the Washington State Individual Educational Program (IEP).
7. Has a Washington Department of Licensing issued disabled parking identification in conjunction with a government issued photo identification.

Permanent or Temporary Permit (case-by-case):
8. Has a valid Regional ADA Paratransit card.
9. Has obvious physical impairments meeting one or more of the medical criteria listed to the right.
10. 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.), Audiologist certified by the American Speech–Language–Hearing Association, or Osteopathic Physician (D.O.) as meeting one or more of the medical criteria.

How do I get a Regional Reduced Fare Permit?

It’s easy. Call the transit agency nearest you or access their Web site for information. The permit can cost up to $3.00 for new or replacement cards.

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 up to five years may receive temporary permits. These permits, which carry an expiration date based on documentation provided during the application process, 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 recertification upon loss of a permit or at any other time.
**Intercity Transit**

222 State Avenue NE, Olympia, WA 98501 • www.intercitytransit.com

Customer Services: 360-786-1805 • Toll Free: 1-800-207-9184
TDI/TTY: 360-943-5211 • Business Office: 360-786-8585

**Dial-A-Lift Information:** 360-754-9393 • Toll Free: 1-800-244-6846

Intercity Transit serves the cities of Lacey, Olympia, and Tumwater, and provides accessible service for those who qualify for ADA paratransit service. This service is available on all routes. In addition, Dial-A-Lift provides door-to-door service for ADA eligible passengers. Reservations for Dial-A-Lift may be made up to 3 days in advance.

**Special Services:**
- Accessible Service
- ADA Paratransit Service
- Bike Racks
- Vanpool Program

**Connects With:**
- Jefferson Transit
- Amtrak
- Greyhound
- Mason Transit
- Pierce Transit
- RT Transit

**Mason Transit**

Connects With:
- Jefferson Transit
- Mason Transit
- King County Metro Transit
- Pierce Transit
- WA State Ferries

**Grays Harbor Transit**

305 10th Ave W, Hoquiam, WA 98550 • www.grhtransit.com

Customer Services: 360-512-2770 • Toll Free: 1-800-562-9730 • Email: grhtransit@comcast.net

Grays Harbor Transportation Authority provides door-to-door service for ADA certified customers.

**Special Services:**
- Accessible Service
- ADA Paratransit Service
- Bike Racks
- Vanpool Program

**Connects With:**
- Jefferson Transit
- Grays Harbor Transit
- Mason Transit
- Pierce Transit
- Sound Transit

**Jefferson Transit**

614 Gorman Road • Port Townsend, WA 98368 • www.jeffersontransit.org

Transit Authority: 360-385-1777 • Toll Free: 1-800-371-0497 • TTY: 711

Jefferson Transit Authority (JTA) serves Port Townsend and East Jefferson County. Jefferson Transit Olympic Connection (JTOC) connects the west coast communities of Jefferson County. JTA and JTOC offer the door-to-door service Monday through Saturday with connections to the Kitsap Transit System and Amtrak. Jefferson Transit provides wheelchair accessible and equipped with bike racks.

**Special Services:**
- Accessible Service
- Bike Racks
- Dial-A-Ride Paratransit Service
- Reduced Fares
- Travel Training

**Connects With:**
- Jefferson Transit
- Grays Harbor Transit
- Kitsap Transit
- Mason Transit
- Pierce Transit
- Sound Transit

**Kitsap Transit**

60 Washington Ave, Bremerton, WA 98337 • www.kitsap Transit.org

Bus Center: 360-374-3747 • Toll Free: 1-888-889-6368 • TDD/TTY: 711

Kitsap Transit services Bremerton and Kitsap County. Kitsap Transit’s ACCESS Service provides service to eligible passengers with one-day advance notice.

**Special Services:**
- Accessible Service
- Bike Racks
- Dial-A-Ride Paratransit Service
- Reduced Fares
- Travel Training

**Sound Transit**

2901 Third Ave, Suite 500 • Seattle, WA 98121-3014 • www.soundtransit.org

Dial-A-Lift Information: 888-889-6368 • TDD/TTY: 711

Sound Transit serves King, Pierce, and Snohomish counties with ST Express regional bus, Sounder commuter, Central Link and Tacoma Link light rail. A Regional Reduced Fare Program (RRFP) is available when paying for round trip or regional travel and requires a purchase of a pass or ticket on the commuter rail or light rail. Sound Transit bus, trains, and stations are accessible.

**Special Services:**
- Accessible Service
- Paratransit Services (Link light rail only)

**Pierce County**

Connects With:
- Community Transit
- Everett Transit
- Intercity Transit
- Kitsap Transit
- Sound Transit
- WA State Ferries

**Skagit County**

600 County Shop Lane • Burlington, WA 98233-9772 • www.skagitsunlight.org

Business Office: 360-757-8000 • Toll Free: 1-800-757-7292

**Special Services:**
- Accessible Service
- Travel Training

**Sound Transit**

Sound Transit serves King, Pierce, and Snohomish counties with ST Express regional bus, Sounder commuter, Central Link and Tacoma Link light rail. A Regional Reduced Fare Program (RRFP) is available when paying for round trip or regional travel and requires a purchase of a pass or ticket on the commuter rail or light rail. Sound Transit bus, trains, and stations are accessible.

**Special Services:**
- Accessible Service