

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 memoranda 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 RRFPTask Force. Parties must issue one of the authorized designs identified in Attachment 1. Parties shall continue to accept RRFPTs 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 RRFPT 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 RRF 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 RRF 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 RRFPP 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 RRFPP 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 _____

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 _____

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 10/18/17

Pierce County Ferries

Name: Lauren Behm, Administrator, Pierce County Ferries

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)

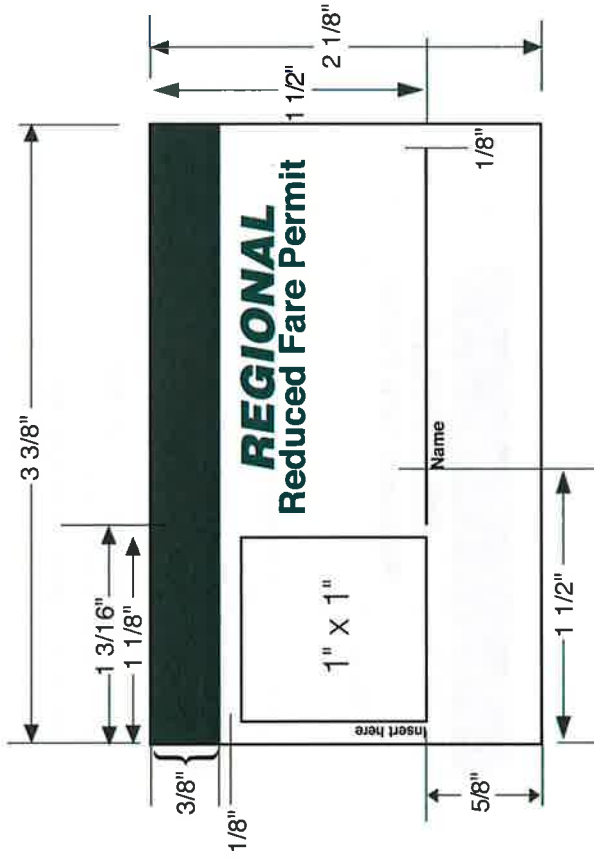
Name: Peter Rogoff, CEO, Sound Transit

Signature _____ Date _____

Attachment 1

New Authorized Designs Rev 5/16

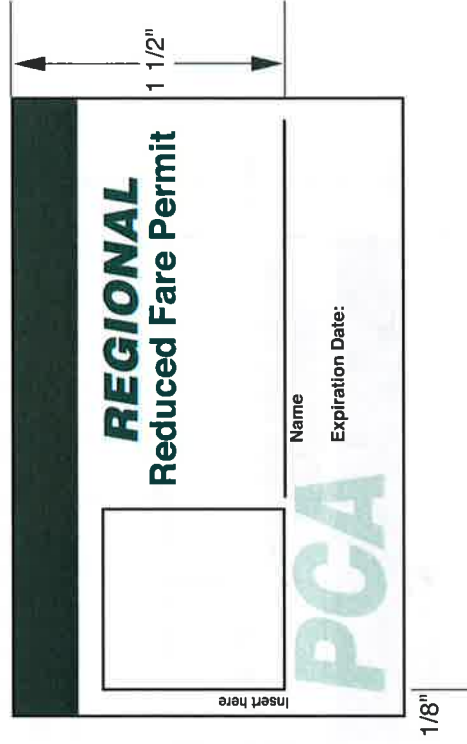
Option 1



Regional: LBI Helvetica Black Oblique - 18 pt
Reduced Fare Permit: B Helvetica Bold - 14 pt
Name: B Helvetica Bold - 7pt
Insert here: B Helvetica bold - 6pt



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



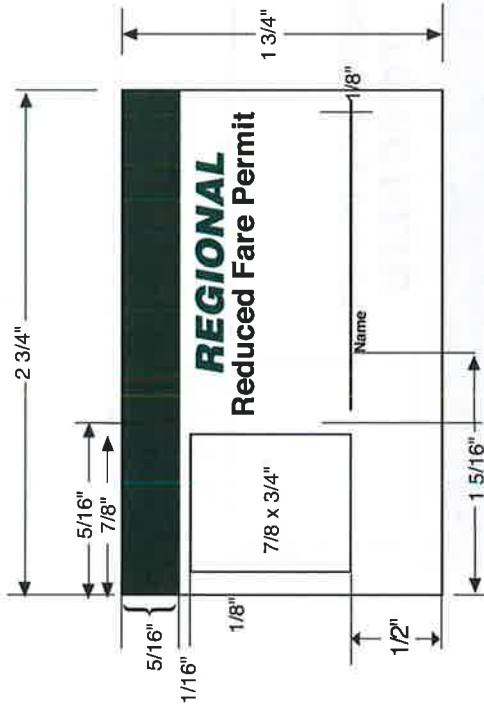
PCA: LBI Helvetica Black Oblique - 50pt
Expiration date: B Helvetica Bold - 7pt



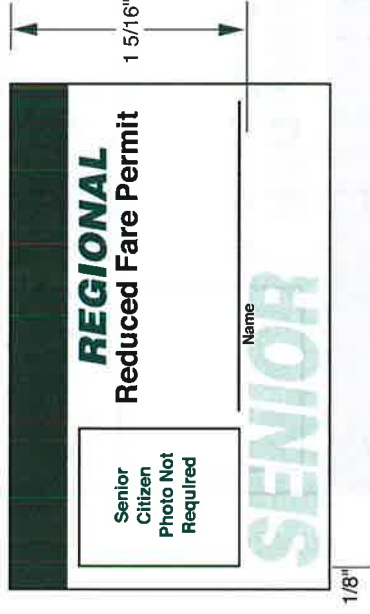
Temporary: LBI Helvetica Black Oblique - 36pt
Expiration date: B Helvetica Bold - 7pt

New Authorized Designs Rev 4/17

Option 2



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



Senior: LBI Helvetica Black Oblique - 38pt
 Senior photo: B Helvetica Bold - 6pt



PCA: LBI Helvetica Black Oblique - 40pt
 Name: B Helvetica Bold - 6pt
 Expiration date: B Helvetica Bold - 6pt



Temporary: LBI Helvetica Black Oblique - 32pt
 Name: B Helvetica Bold - 6pt
 Expiration date: B Helvetica Bold - 6pt

Permit Backs Option 1

Rev 4/17

Permit Back

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

Clallam Transit
Community Transit
Everett Transit
Grays Harbor Transit
Intercity Transit
Jefferson Transit
King County Metro Transit
King County Water Taxi
Kitsap Transit
Mason Transit
Pierce County Ferries
Pierce Transit
Skagit Transit
Sound Transit
WSDOT Ferries Division (WSF)
Whatcom Transportation Authority

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:

Clallam Transit
Community Transit
Everett Transit
Grays Harbor Transit
Intercity Transit
Jefferson Transit
King County Metro Transit
King County Water Taxi
Kitsap Transit
Mason Transit
Pierce County Ferries
Pierce Transit
Skagit Transit
Sound Transit
WSDOT Ferries Division (WSF)
Whatcom Transportation Authority

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 2

Permit Back

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

- Ciellam Transit
- Community Transit
- Everett Transit
- Grays Harbor Transit
- Intercity Transit
- Jefferson Transit
- King County Metro Transit
- King County Water Taxi
- Kitsap Transit
- Mason Transit
- Pierce County Ferries
- Pierce Transit
- Skagit Transit
- Sound Transit
- WSDOT Ferries Division (WSF)
- Whatcom Transportation Authority

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:

- Ciellam Transit
- Community Transit
- Everett Transit
- Grays Harbor Transit
- Intercity Transit
- Jefferson Transit
- King County Metro Transit
- King County Water Taxi
- Kitsap Transit
- Mason Transit
- Pierce County Ferries
- Pierce Transit
- Skagit Transit
- Sound Transit
- WSDOT Ferries Division (WSF)
- Whatcom Transportation Authority

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

FRONT

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. _____

For Office Use Only
ID# _____
PCA _____
<input type="checkbox"/> Temporary
<input type="checkbox"/> Permanent
Date _____

Please read the applicant section of the Medical Eligibility Criteria and Conditions brochure before completing this application.

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 _____

Regional Reduced Fare Permit — Certification of Eligibility

BACK

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 _____
First Middle Last

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 _____
Section, Subsection

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.

Regional Reduced Fare Permit — Participating Transit Agencies



Clallam Transit

830 West Lauridsen Blvd • Port Angeles, WA 98363
360-452-1315 • Toll Free: 1-800-858-3747



Community Transit

Community Transit Ride Store
20110 46th Avenue West • Lynnwood, WA 98036
425-348-2350 • Toll Free: 1-800-562-1375
TTY Relay: 711



Everett Transit

3201 Smith Avenue • Everett, WA 98201
425-257-7777 • TDD/TTY: 425-257-7778
TTY Relay: 711



Grays Harbor Transit

705 30th Street • Hoquiam, WA 98550
360-532-2770 • Toll Free: 1-800-562-9730



Intercity Transit

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



Jefferson Transit

63 4 Corners Road • Port Townsend, WA 98366
360-385-4777 • Toll Free: 1-800-371-0497
TTY: Relay 711 • Dis: A-Ride: 360-385-4777



King County Metro Transit

201 South Jackson Street • Seattle, WA 98104-3856
206-533-3000 • Toll Free: 1-800-542-7876 • TDD/TTY: 711



King County Water Taxi

201 South Jackson Street • Seattle, WA 98104-3856
206-477-3979 • TTY: 711 • water taxi@kingcounty.gov



Kitsap Transit

60 Washington Avenue, #200 • Bremerton, WA 98337
Bremerton Transportation Center: 360-373-8055
Toll Free: 1-800-501-RIDE
Kitsap Transit ACCESS (Toll Free): 1-800-422-8055
TDD/TTY: 360-377-9874



Mason Transit

Transit-Community Center
601 West Franklin Street • Shelton, WA 98584
360-427-5033 • Toll Free: 1-800-374-3747
TDD/TTY: 711 or 1-800-833-6388



Pierce County Ferries

Stellacom Ferry Landing
56 Union Avenue • Steilacoom, WA 98388
253-588-1950



Pierce Transit

Tacoma Dome Station Bus Shop:
505 East 25th Street • Tacoma, WA 99421
253-581-8000 • Toll Free: 1-800-562-8109
TTY Relay: 711 or 253-581-8000, Option 1



Skagit Transit

600 County Shop Lane • Burlington, WA 98233
Burlington Business Office: 360-757-9801
Customer Service: 360-757-4433
Toll Free: 1-877-584-7528 • TTY: 1-360-757-1938



Sound Transit

401 South Jackson Street • Seattle, WA 98104
206-398-5000 • Toll Free: 1-888-889-6368 • TDD/TTY: 711



WSDOT Ferries Division (WSF)

Customer Information:
2901 Third Avenue, #500 • Seattle, WA 98121-3074
206-464-6400 • Toll Free WA & BC: 1-888-888-7977 or 511
Persons who are deaf or hard of hearing may access Relay
Services by dialing 711 (WA) and ask to be connected to
206-464-6400.



Whatcom Transportation Authority

Administrative Offices:
4111 Bakerview Spur • Bellingham, WA 98226
360-676-7433 • Toll Free: 1-866-989-4805
TDD/TTY: 360-676-6844

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.

Clallam Transit

Community Transit

Everett Transit

Grays Harbor Transit

Intercity Transit

Jefferson Transit

King County
Metro Transit

King County
Water Taxi

Kitsap Transit

Mason Transit

Pierce County Ferries

Pierce Transit

Skagit Transit

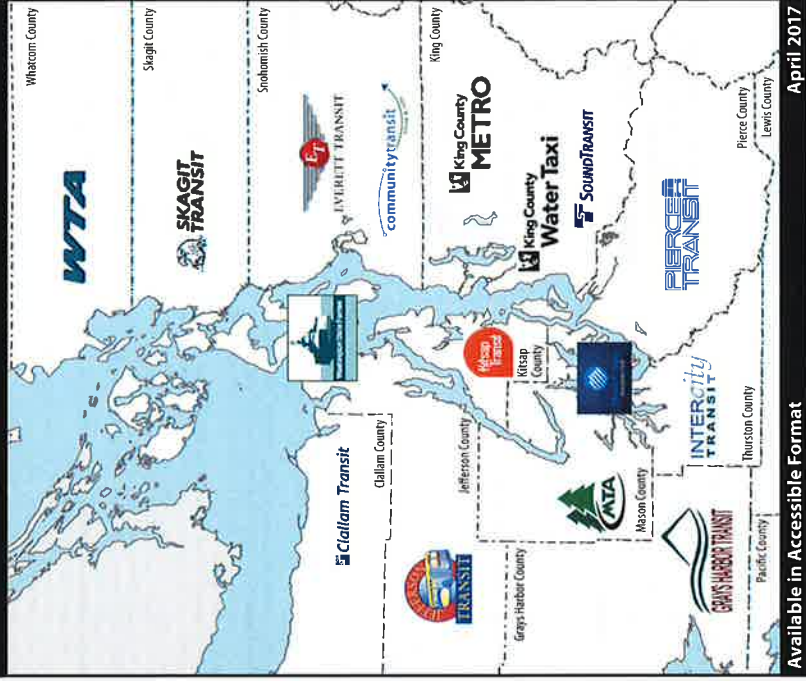
Sound Transit

WSDOT Ferries Division (WSF)

Whatcom Transportation Authority

Regional Reduced Fare Permit for Senior and Disabled Persons

Medical Eligibility Criteria and Conditions



Available in Accessible Format

April 2017

Regional Reduced Fare Permit — Applicant Information

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:

- **Clallam Transit - Community Transit - Everett Transit**
- **Grays Harbor Transit - Intercity Transit - Jefferson Transit**
- **King County Metro Transit - King County Water Taxi - Kitsap Transit**
- **Mason Transit - Pierce County Ferries - Pierce Transit - Skagit Transit**
- **Sound Transit - Washington State Ferries**
- **Whatcom Transportation Authority**

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 of 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:

3. Is now eligible for Social Security Disability Benefits or now receives Supplemental Security Income Benefits because of disability. (Applicant must show current award letter)
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 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: 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 RRP 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?

An individual must pay a fee of \$3.00 to obtain the permit. Replacement permits may be obtained from the issuing agency for \$3.00.

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 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 RRP 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.

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, 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 handicaps). Therapeutic Grade III, Functional Class II, or Anatomical Class II or worse is evidence of arthritic handicaps).
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.** Person 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 (1963).
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 vertebrae; 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 aortic and aortic arch ligaments as shown by x-ray; or
 - ii. Lateral analysis 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. **Mobor.** 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/Wellare) 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% or less visual field efficiency.

2. Persons who, by reason of 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 6 months.
 - b. Persons exhibiting seizure free control for a continuous period of more than six 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 intellectual disability, autism or other conditions found to be closely associated with intellectual disability or to require treatment similar to that required by intellectually disabled 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 impairment(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/housing 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 rating/rehabilitation program or therapy established under federal, state, county, or 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/housing 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 rating/rehabilitation program or therapy established under federal, state, county, or regional support network (RSN), or city government, agency.