

SANTA CRUZ METROPOLITAN TRANSIT DISTRICT

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TITLE: OLDER ADULT, PERSONS WITH DISABILITIES AND LEGALLY BLIND PERSONS FIXED ROUTE DISCOUNT FARE PROGRAM

Procedure History

NEW POLICY	SUMMARY OF POLICY	APPROVED
March 27, 2009	New Policy	D.B.
October 22, 2010	Revised Section 4.01, and revisions to include purchase of passes on website	E.P.
September 26, 2014	Update METRO Pass Outlets, add Ticket Vending Machine locations and revise Attachment A Revisions to incorporate free fare programs for legally blind individuals	

I. POLICY

- 1.1 It is the policy of the Santa Cruz Metropolitan Transit District (Santa Cruz METRO) that older adult persons and persons with disabilities or an individual presenting a Medicare Card, will be charged a discounted fare for transportation on Santa Cruz METRO's fixed route service.
- 1.2 This policy sets forth the criteria that Santa Cruz METRO employees must follow in order to insure that qualified individuals receive the discount that is allowed by this regulation.

II. APPLICABILITY

- 2.1 This policy is applicable to Santa Cruz METRO employees and qualified individuals using the fixed route service.
- 2.2 The free fare portion of this policy is solely applicable to legally blind individuals using the fixed route service.

III. DEFINITIONS

- 3.1 “**Discount Fare**” means one-half the regular fare.
- 3.2 “**Free Fare**” means 0% of the regular fare.
- 3.3 “**Legally Blind**” means an individual whose vision meets the criteria set forth in Section 4.6.
- 3.4 “**Individual with a Disability**” means an individual whose disability and/or medical condition meets one or more of the categories set forth in Section 4.04, or an individual who has one of the valid documents listed in Section 4.01(b) of this policy.
- 3.5 “**Older Adult**” means an individual who is at least 62 years old.
- 3.6 “**Temporary Disability**” means an individual whose disability and/or medical condition meets one or more of the categories set forth in Section 4.04, and that disability is not permanent.

IV. ELIGIBILITY

- 4.1 To qualify for a **discount** or **free (Blind Access Card)** fare or ticket pursuant to this policy, a qualified individual must present one of the following to the bus operator, transit center ticket agent, or at a Santa Cruz METRO Pass Outlet (See Section VIII) when paying a fixed route fare:

a. For Older adult (at least 62 years of age):

- i.) Santa Cruz METRO Discount Photo Identification Card;
- ii.) Santa Cruz METRO ParaCruz Identification Card;
- iii.) Paratransit Identification Card issued by another Transit Agency;
- iv.) Senior Citizen Identification Card;
- v.) Discount Photo Identification Card issued by another Transit Agency;
- vi.) Identification that displays date of birth (i.e. passport, or birth certificate);
- vii.) Current State Driver’s License, or current State Identification Card;

b. For Persons with Disabilities:

- i.) Santa Cruz METRO Discount Photo Identification Card;
- ii.) Santa Cruz METRO ParaCruz Identification Card;
- iii.) Paratransit Identification Card issued by another Transit Agency;

- iv.) Discount Photo Identification Card issued by another Transit Agency;
- v.) Medicare Identification Card;
- vi.) California Disabled Identification Card;
- vii.) Proof of Veterans Disability-a copy of valid Service Connected Disability Identification Card or a Veterans Administration Certification demonstrating a disability rating for aid and attendance or a service-connected disability with a rating level of 50% or higher.

c. **Any individual presenting a valid Medicare Identification Card.** The person presenting a Medicare ID Card must also present a legal photo ID to check the validity of the Medicare Card.

d. **For Legally Blind Persons:**

- i.) Santa Cruz METRO Blind Access Card.

4.2 To qualify for a Santa Cruz METRO **Discount Fare Card**, an applicant must provide Santa Cruz METRO Customer Service with the valid documents listed in Section 4.01 of this policy.

4.3 If an individual does not have one of the valid identification cards listed in Section 4.01 of this policy, he/she may still be eligible for a Santa Cruz METRO **Discount Fare Card**. An additional way to qualify for a Santa Cruz METRO **Discount Fare Card** is to submit a completed "Discount Fare Application" (*Attachment A*), available at: http://www.scmtd.com/images/department/legal/policies/attach_a_prof_verification_disability_status_2014.pdf. Attachment A must identify the appropriate eligibility category from Section 4.04 and must be completed by one of the following licensed professionals for such category:

- a. Licensed physicians with a Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) degree, licensed physician's assistants and nurse practitioners may certify in all categories in which they are licensed to diagnose;
- b. Licensed chiropractors, may certify in categories 1,2, 3 and 4;
- c. Licensed podiatrists, may certify disabilities involving the feet under categories 1,2,3 and 4;
- d. Licensed optometrists, may certify in category 9;
- e. Licensed audiologists, may certify in category 10;
- f. Licensed clinical psychologists and licensed educational psychologists, may certify in categories 12, 15, 16 and 17;

- g. Licensed marriage family and child counselors (MFCC), marriage and family therapists, and licensed clinical social workers (LCSW) may certify in Category 17.

4.4 To qualify for Santa Cruz METRO **Discount Fare Card** based on a disability, the individual must meet one of the following categories as determined by a qualified individual identified in Section 4.03:

1. **Non-ambulatory Disabilities**—Impairments that, regardless of cause, require individuals to use a wheelchair for mobility;
2. **Mobility Aids**—Impairments that cause individuals to walk with significant difficulty, including individuals using a leg brace, cane walker, or crutches to achieve mobility;
3. **Musculo-Skeletal Impairment (Including Arthritis)**—Musculo- skeletal impairment such as muscular dystrophy, osteogenesis imperfecta or any type of arthritis; such as functional Class III or anatomical Stage III;
4. **Amputation** – Persons who suffer amputation of, or anatomical deformity of (i.e. loss of major function due to degenerative changes associated with vascular or neurological deficits, traumatic loss of muscle mass or tendons and x-ray evidence of bony or fibrous ankylosis at an unfavorable angle, joint subluxation or instability): (a) both hands; or (b) one hand and one foot; or (c) amputation of lower extremity at or above the tarsal region (one or both legs);
5. **Cerebrovascular Accident (Stroke)**—With one of the following: (a) pseudobulbar palsy; or (b) functional motor deficit in any of two extremities; or (c) ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss post 4 months.
6. **Pulmonary Ills**—Respiratory Impairments of Class 3 and 4. Class 3: FVC between 51 percent and 59 percent of predicted; or FEV between 41 percent and 59 percent of predicted. Class 4: FVC less than or equal to 50 percent of predicted; or FEV less than or equal to 40 percent of predicted.
7. **Cardiac Ills**—Cardiovascular impairments of functional Class III or IV. Functional Classification: Class III: Individuals with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea or anginal pain. For instance, inability to walk one or more level blocks or climbing a flight of ordinary stairs. Class IV: Individuals with cardiac disease resulting in inability to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If physical activity is undertaken, discomfort is increased.

8. **Dialysis**—Individuals whose disability requires the use of a kidney dialysis machine.
9. **Hearing Disabilities**—Deafness or hearing incapacity that makes an individual unable to communicate or hear warning signals, including only those persons whose hearing loss is 70 dba or greater in the 500, 1000, 2000 Hz. Ranges.
10. **Disabilities of Incoordination**—Individuals suffering faulty coordination or palsy from brain, spinal or peripheral nerve injury and any person with a functional nerve injury and any person with a functional motor deficit in any two limbs or who suffers manifestations which significantly reduce mobility, coordination or perceptiveness not accounted for in previous categories;
11. **Intellectual Disability**—Individuals characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability generally originates during the developmental period before the age of 18 or as the result of illness or accident later in life and is associated with impairment in adaptive behavior (a general guideline is an IQ which is more than two standard deviations below the norm).
12. **Cerebral Palsy**—A disorder dating from birth or early infancy or as the result of illness or accident later in life, non-progressive, although if not treated there is marked regression in functioning characterized by examples of aberrations of motor functions (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, developmental disabilities, learning difficulty and behavioral disorders.
13. **Epilepsy (Convulsive Disorder)**—A clinical disorder involving impairment of consciousness, characterized by seizures (e.g., generalized, complex partial, major motor, grand mal, petit mal or psychomotor), occurring more frequently than once a month in spite of prescribed treatment, with (a) diurnal episodes (loss of consciousness and convulsive seizure); (b) nocturnal episodes which show residual interfering with activity during the day; or (c) a disorder involving absence (petit mal) or mild partial (psychomotor) seizures occurring more frequently than once per week in spite of prescribed treatment with Alteration of awareness or loss of consciousness; and 2) Transient postictal manifestations of conventional or antisocial behavior. Person exhibiting seizure-free control for a continuous period of more than six (6) months duration are not included in the statement of Epilepsy defined in this category.
14. **Infantile Autism**—A syndrome described as consisting of withdrawal,

very inadequate social relationships, language disturbance and monotonously repetitive motor behavior. Many children with autism will also be seriously impaired in general intellectual functioning. This syndrome usually appears before the age of six and is characterized by severe withdrawal and inappropriate response to external stimuli.

15. **Neurological Impairment**—A syndrome characterized by learning, perception and/or behavioral disorders of an individual who's IQ is not less than two standard deviations below the norm. These characteristics exist as a result of brain dysfunctions (any disorder in learning using the senses), neurologic disorder or any damage to the central nervous system, whether due to genetic, hereditary, accident or illness factors. This section includes people with severe gait problems who are restricted in mobility.

16. **Mental Disorders**—Individuals whose mental impairment substantially limits one or more of their major life activities. This includes inability to learn, work or care for oneself. A principal diagnosis from the SSM IV classification in one of the following areas is required for eligibility: Organic Mental Disorders, Schizophrenic Disorders, Paranoid Disorders, Psychotic Disorders not elsewhere classified, Affective Disorders, Somata Form Disorders, Dissociative Disorders, Adjustment Disorders, Psychological Factors Affecting Physical Condition, and Post Traumatic Stress Syndrome. These diagnoses must be at Class 3 to 5 levels:

- Class 3-Moderate Impairment. Levels compatible with some, but not all, useful functions.
- Class 4-Marked Impairment. Levels significantly impede useful functioning.
- Class 5-Extreme Impairment. Levels preclude useful functioning,

(**Note:** If a person's disorder is in remission or primary incapacity is acute or chronic alcoholism or drug addiction, they are specifically excluded from discount fare eligibility.)

17. **Chronic Progressive Debilitating Disorders**—Individuals who experience chronic and progressive debilitating diseases that are characterized by constitutional symptoms such as fatigue, weakness, weight loss, pain and changes in mental status that, taken together, interfere in the activities of daily living and significantly impair mobility. Examples of such disorders include: (a) Progressive, uncontrollable malignancies (i.e., terminal malignancies or malignancies being treated with aggressive radiation or chemotherapy); (b) Advanced connective tissue diseases (i.e., advance stages of disseminated lupus erythematosus, scleroderma or polyarteritis nodosa); (c) Symptomatic HIV infection (i.e., AIDS or ARC) in CDC defined clinical categories B and C.

18. **Multiple Impairments**—This category may include, but not be limited to, persons disabled by the combined effects of more than one impairment, including those related to age. The individual impairments themselves may not be severe enough to qualify as a Transit Dysfunction; however, the combined effects of the disabilities may qualify the individual for the program.

4.5 To qualify for a Santa Cruz METRO **Blind Access Card**, the individual must meet the following criteria: those individuals whose vision in the better eye, after best correction, is 20/200 or less; or those individuals whose visual field is contracted (commonly known as tunnel vision) so the widest diameter subtends an angle no greater than 20 degrees.

4.6 To qualify for a Santa Cruz METRO **Blind Access Card**, an applicant must provide the following:

- a. Certificate of Blindness (*Attachment C*) issued by the individual's physician or other blindness certification. Santa Cruz METRO will work collaboratively with individuals that express difficulty obtaining a blindness certification. Collaborative efforts may include: (1) issuance of a temporary pass; (2) certification by Santa Cruz METRO staff; or (3) continued training for bus operators to allow blind individuals to ride for free without a pass, particularly where an individual's disability is obvious (for example, if service dog is observed guiding an individual who is blind or the person is using a white cane.)

Questions regarding certification may be submitted to: customerservice@scmttd.com

i.) If eligible, individuals will be issued a **Blind Access Card** immediately.

ii.) **Out-of-Service Visitors:** If individuals are visiting from out of Santa Cruz METRO's service area and can provide the appropriate documentation, Santa Cruz METRO will give them a temporary bus pass valid for 7 days of travel. Within 7 – 10 days of their application, they will also receive a permanent **Blind Access Card** valid for future visits to Santa Cruz METRO's service area.

4.7 Individuals that are eligible for a **Discount Fare Card** or **Blind Access Card** may pay the full prices fare if they desire.

V. OBTAINING SANTA CRUZ METRO DISCOUNT AND BLIND ACCESS ID CARDS

5.1 An eligible individual may obtain a Santa Cruz METRO **Discount Fare Card** at either of the following locations at the times indicated:

- a. Santa Cruz Metro Center (Pacific Station) Information Booth on weekdays. Please contact (831-425-8600) Santa Cruz METRO for specific times.
- b. Watsonville Transit Center at West Lake and Rodriguez Streets the second Tuesday of

every month by appointment ONLY. Please contact (831-425-8600) Santa Cruz METRO to make an appointment.

5.2 An eligible individual must present one of the forms of Identification listed in Section 4.01 or other acceptable proof of age in order to qualify for a Santa Cruz METRO Discount Fare Card based on being 62 years of age or older.

- a. To purchase a Santa Cruz METRO **Discount Fare Card** based on disability without proof of disability set forth in Section 4.01(b), the individual must provide a completed “Discount Fare Application” (*Attachment A*). Attachment A must be certified by a licensed medical practitioner or other licensed professional verifying that the individual has a disability (see Section IV), which may qualify the individual for a discounted fare.

***Discount Fare Applications can be picked up at:**

Santa Cruz Metro Center (Pacific Station) Information Booth, or requested by phone at (831) 425-8600;

Santa Cruz METRO’s Accessible Services Coordinator at (831) 423-3868 or the California Relay System at 800-735-2929.

The forms are also available on-line at Santa Cruz METRO’s website:

www.scmttd.com

- b. **COST OF DISCOUNT FARE CARD:** Those eligible individuals will pay \$2.00 for the Card. In the event that the Discount Fare Card is lost, Santa Cruz METRO charges a \$2.00 replacement fee for the first lost card, and \$5.00 for the replacement of a lost card thereafter.

5.3 Children (under the age of 18) of Santa Cruz METRO passengers using a Santa Cruz METRO Discount Fare Card can ride at the discounted rate when accompanying their qualifying parent. Parents must complete a registration form (*Attachment B*), available at Pacific Station and Watsonville Transit Centers to qualify for this extended coverage. The registration form is also available on Santa Cruz METRO’s website (www.scmttd.com).

VI. PERSONAL CARE ATTENDANTS

6.1 Persons with Disabilities, including legally blind individuals, are eligible to have one personal care attendant travel with him/her without paying a second fare. To qualify, Attachment A must indicate a need for a Personal Care Attendant, and must be certified by a licensed medical practitioner or other licensed professional. Upon acceptance by Santa Cruz METRO, the eligible individual will be provided with specific identification that authorizes transportation with one Personal Care Attendant.

6.2 An individual who has a Santa Cruz METRO Discount Fare Card or Paratransit Card issued by another Transit Agency, or a Santa Cruz METRO ParaCruz Eligibility Card, which indicates the need for one Personal Care Attendant, may ride on Santa Cruz METRO’s fixed route with one Personal Care Attendant without paying a second fare.

VII. TEMPORARY DISABILITIES

- 7.1 Persons with temporary disabilities, who meet one or more of the Categories listed in Section 4.04 or Section 4.6 of this Policy, may qualify for a Temporary (non-permanent) Santa Cruz METRO **Discount Fare Card** (Peach colored Discount Card) or **Blind Access Card** (Red colored Discount Card).
- 7.2 This Temporary **Discount Fare Card** or **Blind Access Card** will reflect an expiration date, which corresponds with the individual's "Certification of Disability Status" portion of Attachment A. Once expired, the person would be required to receive a new "Certification of Disability Status" Form from a licensed professional in Section 4.03 in order to extend their Santa Cruz METRO **Discount Fare Card** or **Blind Access Card**.

VIII. SANTA CRUZ METRO PASS VENDORS AND TICKET VENDING MACHINE LOCATIONS

- 8.1 a. Santa Cruz METRO Bus Passes and Highway 17 Monthly Passes can be purchased at the following locations. Ticket Vending Machine (TVM) hours are indicated after each TVM location below.
- b. Reloadable CRUZ Cards may **ONLY** be purchased at Pacific Station, on Santa Cruz METRO's website (www.scmtd.com/en/fares/buy-passes-online), or by mail-order (*See Section 9.01 below*). CRUZ Cards are not available from Pass Vendors or TVMs).

APTOS

*Cabrillo College, 6500 Soquel Drive – Ticket Vending Machine (24 hrs/7 days a week)

BOULDER CREEK

Boulder Creek Pharmacy, 13081 Highway 9 (338-2144)

CAPITOLA

SaveMart Supermarket, 1475 – 41st Avenue (462-6917)

Capitola Mall, 1855- 41st Avenue – Ticket Vending Machine (24/7)

LIVE OAK

Live Oak Family Resource Center, 1740 17th Avenue (476-7284)

SANTA CRUZ

Metro Center (Pacific Station) - 920 Pacific Avenue

- Customer Service Information Booth (Mon-Fri 7am – 5:30pm) (425-8600)
- Ticket Vending Machine (6am – 11pm)

Walgreen's Pharmacy, 1718 Soquel Avenue (425-1910)

SCOTTS VALLEY

Cavallaro Transit Center, 246 Kings Village Road – Ticket Vending Machine (24/7)

WATSONVILLE

Food Maxx, 1465 Main Street (768-1483)

Watsonville Transit Center, 475 Rodriguez Street – Ticket Vending Machine (7am – 9pm) (724-9564)

IX. ORDER PASSES BY MAIL

- 9.1 Individuals who currently hold a valid Santa Cruz METRO **Discount Fare Card**, or have previously purchased Discounted Passes and are on file with Santa Cruz METRO, can order bus passes by mail and on Santa Cruz METRO’s website. The form is available at the Information Booth at Pacific Station and on Santa Cruz METRO’s website www.scmtd.com. Mail the completed form along with a self-addressed, stamped envelope to:

**Santa Cruz Metro
920 Pacific Avenue, Suite 21
Santa Cruz, CA 95060**

- 9.2 Please allow 7 business days from the date the order is received by Santa Cruz METRO. If you have any questions regarding orders for discount passes, call (831)425-3822.

X. ADMINISTRATION OF REGULATION

- 10.1 The Operations Manager or designee is responsible for the following:
- a. Ensuring that this regulation is disseminated to all existing fixed route drivers, customer service agents and transit center ticket agents.
 - b. Ensuring that this regulation is disseminated to all new and future fixed route drivers, customer service agents and transit center ticket agents.
 - c. Providing guidance, training and assistance to all employees, customer service agents and transit center ticket agents who are responsible for issuing Santa Cruz METRO **Discount** and **Blind Access** ID Cards and passes.
- 10.2 Santa Cruz METRO will integrate the Santa Cruz METRO Discount Fare Card Program into its Policies and Procedures.



Attachment A Discount Fare Application

Santa Cruz Metro Center Information Booth
920 Pacific Avenue, Suite 21, Santa Cruz, CA 95060
(831) 425-8600
Hours: Mon-Fri 7:00 a.m. – 5:30 p.m.

Application Information (PLEASE PRINT LEGIBLY): ***ONLY ORIGINAL APPLICATIONS WILL BE ACCEPTED.***

Name: _____
Last name First name

Mailing Address: _____
Street City State Zip

Date of Birth: _____

Telephone number: () _____ **Email address:** _____

Note: Fee payable by cash, check, money order or credit card.

Certification of Eligibility section (Check only one box below):

<input type="checkbox"/>	Health Care Provider	To qualify under this type of eligibility you must have the Health Care Provider
<input type="checkbox"/>	CA Disabled ID	To qualify, must present a valid Identification Card Receipt for a CA Disabled Parking Placard.
<input type="checkbox"/>	S	
<input type="checkbox"/>	Disabled Veteran	Must present VA Certification or Service Connected ID Card to qualify.
<input type="checkbox"/>	V	
<input type="checkbox"/>	Medicare Card	To qualify present Medicare Card and legal photo ID.

I agree to release the information I am sending to Santa Cruz METRO for the purpose of making this application for a Discount Fare Card. I certify that the information I provide concerning my application is correct. I understand that Santa Cruz METRO reserves the right to require proof of disability in addition to this form. If applying for the Discount Fare Card, I agree to abide by the terms of the program (AR-1028), and photo ID Card. I give my consent for Santa Cruz METRO, or a Santa Cruz METRO designated Administrative Agency, to take and retain a copy of my photo. ***Santa Cruz METRO will not accept a photocopy or fax of this form.***

Signature of applicant: _____ Date: _____

Discount Fare Application (Cont'd)

Health care provider certification section: This form is used for individuals with permanent or temporary disabilities. This also includes individuals who may need an attendant to ride Santa Cruz METRO service.

Patient/applicant release:

I authorize: _____ to verify my disability if requested to do so by METRO.
(Name of certified/ licensed health care provider*)

Patient/applicant signature: _____ Date: _____

This portion to be completed by Licensed Health Care Provider ONLY! (see below)

Applicant's name: _____

Applicant's date of birth: _____

Health care provider's name: _____

Title: _____

State certification or license #: _____ Telephone number: _____

Email address: _____

Address: _____

I, _____ hereby certify that I have examined the patient listed above and it is my opinion that he/she is disabled due to illness, congenital malfunction or other incapacity that substantially limits one or more major life functions.

His/Her Disability is:

Permanent

Temporary (defined as impairment lasting not more than 12 months). Duration is _____ months.

Does the Patient's disability necessitate the use of a Personal Care Attendant when riding on Santa Cruz METRO service?

Yes No

The **Category number** of the disability is: _____ **(Please select from Section 4.04- Category Descriptions 1-19).*

I certify that the above is correct and that I am legally certified and/or licensed in my state as a Healthcare Provider.

Signature: _____ Date: _____

Customer Service Staff may contact you for verification.

ORIGINAL Completed Application may be mailed to:

Santa Cruz METRO Information Booth, 920 Pacific Station, Suite 21, Santa Cruz, CA 95060



Attachment B

**REQUEST FOR REDUCED CHILDREN’S FARE
WITH DISCOUNT FARE CARD**

I wish to request certification to allow my children, under the age of 18, (listed below) to travel with me when I use my Discount Fare Card and pay the Disability Reduced Fare while traveling on Santa Cruz METRO Fixed Route service.

CHILDREN:

Name: _____	Birthdate: _____
Name: _____	Birthdate: _____
Name: _____	Birthdate: _____
Name: _____	Birthdate: _____

Discount Fare Card Holder:

Print Name: _____

Address: _____

Signature: _____ *Date:* _____

After completing the top portion of this form, please submit the completed form to the Customer Service Representative at Santa Cruz Metro Center (Pacific Station), or Watsonville Transit Center. The Customer Service Representative will then place a sticker on your Discount Fare Card, which allows you to pay a Discounted Fare for your children when they accompany you on Santa Cruz METRO Fixed Route bus service.

Attachment C

CONFIRMATION OF LEGAL BLINDNESS

The federal definition of "blindness" under Title XVI of the Social Security Act currently states:

(2) "An individual shall be considered to be blind for purposes of this title if he has central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for purposes of the first sentence of this subsection as having a central visual acuity of 20/200 or less." http://www.ssa.gov/OP_Home/ssact/title16b/1614.htm

Translation: If you wear your glasses or contacts (or both) and then are measured on an eye chart as seeing 20/200 or less, or if the width of vision for both your eyes totals an arc of 20 degrees or less, you are legally blind according to this federal definition.

CONSUMER / CLIENT / PATIENT:

Name: _____ Date of Birth: _____

Address: _____

Best corrected vision:

OD (right eye) _____ OS (left eye) _____ OU (both eyes) _____

Width of Visual Field (in degrees): _____

Specific eye condition(s): _____

CERTIFYING AUTHORITY:

I certify that _____ is legally blind in both eyes as specified in the federal definition quoted above.

(Signed) _____ (Date) _____

_____. (Title) _____

Please attach your business card OR print/type your name, profession, and address here: _____