

SAN LUIS OBISPO TRANSIT (SLO TRANSIT)

BASIC ELIGIBILITY FORM:

SLO TRANSIT SENIOR-DISABLED ID CARD

This form is ONLY for those who are: 1 age 63-79 years (Senior Discount pass), or 2. a disabled U.S. veteran, or have a: 3. Valid DMV placard or registration for a permanent disabled license plate or parking placard, or 4. Medicare card, Social Security disability letter, proof of disability from the CA Dept. of Rehabilitation, ADA card, Braille Institute card, or a disability card issued by another transit agency. Read the directions carefully before completing this form. **All others, including those who require an attendant, should request a Medical Certification Form.** Fraud or a misstatement of fact will disqualify the applicant from receiving the benefits of the SLO TRANSIT Discount Pass Program.

SECTION 1. APPLICANT INFORMATION (PLEASE PRINT)
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NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NUMBER: ()	DATE OF BIRTH:	

SECTION 2. CERTIFICATION OF ELIGIBILITY
Please mark your eligibility category below. Check ONLY ONE category. PLEASE INCLUDE COPIES OF: (1) PROOF OF ONE OF THE FOLLOWING, and (2) VALID PHOTO ID.

↓ Check only ONE category		
<input type="checkbox"/>	SENIOR DISCOUNT PASS (63 to 79 years)	IDENTIFICATION CARD (Must be at least 63 within one (1) month)
<input type="checkbox"/>	DISABLED VETERAN	VA Claim Number _____ Applicant must provide copy of documented VA Claim number to transit staff. Accepted documentation includes card or original letter on VA letterhead. I authorize City of San Luis Obispo Transit staff to confirm my name and disability rating through the Veterans Administration.
<input type="checkbox"/>	DMV DISABLED ELIGIBILITY	Disabled Placard or Registration Number: Applicant must provide copy of valid DMV placard or a valid registration for a permanent disabled license plate or parking placard to transit staff. I authorize City of San Luis Obispo Transit staff to confirm the placard ownership and expiration date through DMV. CERTIFICATION EXPIRATION DATE: _____
<input type="checkbox"/>	MEDICARE RECIPIENT	Medicare claim number (NOT MEDI-CAL) _____ Applicant must provide copy of Medicare card to transit staff
<input type="checkbox"/>	SOCIAL SECURITY DISABILITY LETTER	Applicant must provide copy of Social Security Administration SSI letter to transit staff
<input type="checkbox"/>	ADA CARD	Applicant must provide copy of ADA card to transit staff
<input type="checkbox"/>	BRILLE INSTITUTE CARD	Applicant must provide copy of Braille Institute card to transit staff
<input type="checkbox"/>	ANOTHER TRANSIT AGENCY DISABILITY CARD	Applicant must provide copy of Transit Agency card to transit staff
<input type="checkbox"/>	CALIF. DEPARTMENT OF REHABILITATION	Applicant must provide proof of disability from the Department of Rehabilitation

I attest that the information on this application is true and correct.

Signature of Applicant _____ Date _____

PLEASE RETURN THIS APPLICATION TO:
919 PALM STREET, SAN LUIS OBISPO CA 93401
PHONE: (805) 781-7121 FAX: (805) 781-7563

If your application meets the eligibility requirements, you will be issued a SLO Transit Senior/Disabled ID Card.