



Skagit County
Guemes Island Ferry



SKAGIT COUNTY PUBLIC WORKS

GUEMES ISLAND FERRY

SENIOR/DISABLED PASSENGER INFORMATION AND APPLICATION

FOR REDUCED FARE



**Application for
Disabled Persons' Reduced Fare
Skagit County Guemes Ferry**

Applicant, Please Print

Name _____
(First) (Middle) (Last)

Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ Phone No. (_____) _____

Please read the applicant's section of the Certification of Eligibility before completing this application. Please read also the attached Medical Eligibility Criteria and Conditions.

I am applying for a reduced fare based on an existing disability. Please check only one.

- I am providing proof of current eligibility by the Veterans Administration as having a disability of at least 40% (Proof of disability required)
- I am providing a valid Regional ADA paratransit card issued by _____ (agency)
This ADA paratransit card expires _____
- I am medically disabled as certified by a physician, psychiatrist, psychologist (Ph.D.), Physician's Assistant (P.A.), Advanced Registered Nurse Practitioner (A.R.N.P.), or Audiologist, licensed in the State of Washington. See Health Care Providers Certification form included in this packet. This agency reserves the right to contact your Health Care Provider for verification.

Applicant's Signature: _____

Date: _____

Health Care Provider's Certification of Eligibility

**Skagit County Guemes Ferry
Reduced Fare For Disabled Passenger**

Applicant's Release to Health Care Provider:

I hereby authorize my health care provider 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 Skagit County Department of Public Works shall have the right and opportunity to verify my eligibility for purchase of Reduced Fares if deemed necessary. I understand that if any of the statements made on this application form are false or inaccurate, I will lose the privilege of a Reduced Fare due to a stated disability.

Applicant Please Print:

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth _____ **Phone No.** (_____) _____

Applicant's Signature: _____

Date: _____

Instructions to Health Care Providers

Skagit County Guemes Ferry

Reduced Fare for Disabled Passengers

Purpose:

Certification of an individual's permanent disability which will allow the purchase of reduced fares for passage on the Guemes Island ferry.

Your Role:

As an applicant's health care provider, licensed by the State of Washington, you are asked to certify that your patient is ***permanently*** disabled (possessive of an incapacity expected to last for the lifetime of the individual) as defined in the Medical Eligibility Criteria and Conditions listing attached.

Procedures:

Please complete and sign the Certification for Eligibility form and give it to the applicant. Incomplete certification will not be accepted.

Disabled Passenger Rates are available to disabled individuals per the Guemes ferry fare schedule. *The Certification for Eligibility is valid for the lifetime of the permanently disabled individual and does not require recertification on an annual basis.*

Skagit County reserves the right to contact you for further verification of an applicant's completed Certification form before the disabled passenger rate shall be given to the applicant.

Eligibility Criteria:

The attached Medical Eligibility Criteria and Conditions were taken in part from criteria developed by the Puget Sound Regional Transportation Council in conjunction with service agencies and members of the disabled community. As noted earlier, for purposes here, the definition of a permanent disability is "an incapacity expected to last for the lifetime of the individual affected". These medical eligibility criteria are used to help health care providers determine whether a particular individual qualifies as a permanently disabled individual.

Health Care Provider's Certification

THIS SECTION TO BE COMPLETED BY THE FOLLOWING APPROVED HEALTH CARE PROVIDER:

*Washington State Licensed: Physician (M.D.); Psychiatrist;
Psychologist(Ph.D.); Audiologist certified by the American
Speech, Language, and Hearing Association; Physician's Assistant (P.A.);
Advanced Registered Nurse Practitioner (A.R.N.P)*

Signatures of Health Care Providers other than those groups identified above are not acceptable.

INSTRUCTIONS:

1. This applicant must meet at least one of the criteria and conditions listed in the attached list of Medical Eligibility Criteria and Conditions.
2. The specific Medical Eligibility Criteria number must be noted in the space provided below.
3. An applicant's financial situation has no bearing on eligibility.

This Section is to be completely filled out by the approved Health Care Provider:

I certify that _____ meets the Medical Eligibility
(print applicant's name)

Criteria _____ .
Section/Subsection

I certify that this applicant's disability is permanent and lifelong in nature: Yes No
(please circle one)

Verification of Approved Health Care Provider: Please print

Name: _____ Phone: (____) _____

Address: _____

Washington State License No.: _____

Signature: _____ Date: _____

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

Medical Eligibility Criteria and Conditions

Section 1. Non-ambulatory disabilities

1. **Wheelchair-User.** Impairments which, regardless of cause, confine individuals to a wheelchair.

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, a walker or crutches to achieve mobility, or birth defects and other muscular/skeletal disabilities including dwarfism, causing mobility restriction.

2. **Arthritis.** Persons who suffer from arthritis causing a functional motor defect in any two major limbs. (American Rheumatism Association criteria may be used as a guideline for the determination of arthritic handicap; Therapeutic Grade III, Functional Class III, or Anatomical State III or worse is evidence of arthritic handicap.)

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 of two extremities; or
c. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.

5. **Respiratory.** Persons suffering respiratory (dyspnea) of Class 3 or greater as defined by "Guides to the Evaluation of Permanent Impairment: The Respiratory System," Journal of the American Medical Association, 194:919 (1965).

6. **Cardiac.** Persons suffering functional classifications 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 vertebra; 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:

- 1) Calcification of the anterior and lateral ligaments as shown by x-ray; or
- 2) Bilateral ankylosis or sacroiliac joints and abnormal apophyseal articulation as shown by x-ray.

Continued: Medical Eligibility Criteria and Conditions

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. **Motor.** 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/Welfare) 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 visual field:
 - 1) So the widest diameter of visual field subtending an angular distance is no greater than 20 degrees; or,
 - 2) To 10 degrees or less from the point of fixation; or,
 - 3) To 20 percent or less visual field efficiency.

2. Persons who, by reason of a 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, 1000, 2000 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 disabled by reason of:
 - 1) A clinical disorder involving impairments of consciousness, characterized by uncontrolled seizures (grand mal or psychomotor) substantiated by EEG occurring more frequently than once per week in spite of prescribed treatment with:
 - a) Diurnal episodes (loss of consciousness and convulsive seizure); or,
 - b) Nocturnal episodes which show residuals interfering with activity during the day; or,

Continued: Medical Eligibility Criteria and Conditions

- c) A disorder involving petit mal or mild psychomotor seizures substantiated by EEG occurring more frequently than once per week in spite of prescribed treatment with:
 - i. Alteration of awareness or loss of consciousness; and,
 - ii. Transient postictal manifestations of conventional or antisocial behavior.
 - b. Persons 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 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.** A person disabled due to mental retardation, autism or other conditions found to be closely associated with mental retardation or to require treatment similar to that required by mentally retarded individuals; and,
 - a. the disability originates before such individual attains age 18,
 - b. has continued, or can be expected to continue, indefinitely; and,
 - c. the condition substantially limits one or more major life activities on an ongoing basis.
2. **Adult Cognition Impairments.** 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.** Individuals with a mental illness with symptoms chronic in nature who experience a significance 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/boarded 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 training/rehabilitation program or therapy established under federal, state, county Regional Support Network (RSN) or city government agencies.

Guemes Island Senior and Disabled Ferry Fare Information Sheet

- **Cost:**

- Single Trip Car & Senior/Disabled Driver - Winter \$6.00 Summer \$7.50
- Single Trip Motorcycle & Senior/Disabled Driver - Winter \$3.00 Summer \$4.50
- Single Trip Motorcycle with trailer & Senior/Disabled Driver - Winter \$6.00 Summer \$7.50
- Single Trip Senior/Disabled Passenger - Winter \$1.00 Summer \$1.50
- 10 Trip Car & Senior/Disabled Driver Yearly Punch Card - \$54.00
- 10 Trip Motorcycle & Senior/Disabled Driver Yearly Punch Card - \$27.00
- 25 Trip Senior/Disabled Passenger Yearly Punch Card - \$23.00

Summer Rates apply May 20th through September 10th

- **Availability:** Single Trip Car & Driver or Passenger Tickets are available from the purser prior to each sailing.
- 10 and 25 Trip Punch Cards Must be purchased in the Purser's office at the ferry terminal.
- **Eligibility:** In order to receive the discounted Senior/Disabled Rates, users must provide one of the following types of eligibility verifications:

Disabled Driver/Passenger

1. Copy of current eligibility by the Veteran's Administration of having at least a 40% disability.
2. Regional ADA Paratransit card issued by a Regional Transit Authority.
3. Regional Reduced Fare Permit issued by a Regional Transit Authority*.
4. State of Washington issued Disabled Parking ID card, with photo identification.
5. Obvious disability. (i.e. wheelchair)
6. A completed Health Care Provider's Certificate of Eligibility on file. (Form can be provided to doctor by the County)
This eligibility is good for one year unless the doctor certifies that the condition is permanent.
7. Skagit County Public Works can issue an ID card with your picture once proof of eligibility is determined.
8. For Senior Fares: a valid picture ID showing date of birth such as a drivers' license, passport, military ID.

- **What is a Regional Reduced Fare Permit (RRFP)?**

A Regional Reduced Fare Permit (RRFP) is a card that allows seniors 65 and older or disabled persons to pay reduced fare on most Puget Sound area transit systems and the WA State Ferries.

- **How do I get a RRFP?**

A RRFP can be obtained by filling out an application with your doctor and submitting it to Skagit Transit Customer Service Center located in Skagit Station on Kincaid Street in Mount Vernon. Costs are \$3. If you are a senior 65 and older, you just show your ID and pay \$3 at the Customer Service Center.

* <http://www.soundtransit.org/x131.xml#reducedfare>

In all other cases, proof of eligibility will need to be shown each time a ticket is purchased and/or used to insure that only those eligible for the discount are receiving it. Persons wishing to file a Health Care Provider's Certificate of Eligibility at the Public Works Main Office will be issued an ID card that can be used for proof of eligibility. A Puget Sound Regional Disability ID card, which can be purchased for \$3 from Skagit Transit at their office located in Skagit Station on Kincaid Street in Mount Vernon, may also be used for proof of eligibility.

- **License plates and/or handicapped placards** do not provide the proof that the driver of a vehicle is disabled and will not be accepted.