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MAX SENIOR/DISABLED DISCOUNT CARD APPLICATION

To be eligible for a MAX Senior/Disabled Discount Card you must be sixty-five (65) years of age or over, have a Medicare Card, **OR** have a disability which makes using MAX extremely difficult. Please allow twenty one days after application has been approved to receive your card. Discount card must be renewed every three years.

The MAX Senior/Disabled Discount Card is NOT accepted on Modesto Area Dial-A-Ride (MADAR)

APPLICATION INSTRUCTIONS:

1. **All applicants MUST have a photo taken in our office in order to complete the application process. Please bring a valid state issued I.D. with you to 1010 10th Street, Suite 4500, between the hours of 9:00am and 4:00pm Monday through Friday for your photo to be taken by Transit Staff.**
2. If applying for the MAX Discount Card as a **Senior (age 65+)**, please complete **Steps 1 & 2 only**, unless you need an attendant, in which case a doctor or social service agency must complete **Steps 4 & 5**.
3. If applying for the MAX Discount Card as a **Medicare card holder**, please complete **Steps 1 & 2 only** and attach a copy of your Medicare Card. If you need an attendant, a doctor or certifying agency must complete **Steps 4 & 5**.
4. If applying for the MAX Discount Card on the basis of disability, you must complete **ALL STEPS** of this application. The reverse side must be completed by a social service agency or a physician.

STEP 1

RELEASE OF PROTECTED HEALTH INFORMATION TO BE COMPLETED BY ALL APPLICANTS (PLEASE PRINT CLEARLY)

I (PRINT NAME) _____ DOB: ___/___/___ HEREBY
AUTHORIZE THE CERTIFYING INDIVIDUAL LISTED ON THE REVERSE SIDE TO RELEASE
INFORMATION TO THE CITY OF MODESTO TRANSIT DIVISION FOR THE PURPOSE OF ISSUING A MAX
SENIOR/DISABLED DISCOUNT CARD.

APPLICANT SIGNATURE: _____
PRINT MAILING ADDRESS (Your discount card will be mailed to this address. Please print clearly.)

Street/P.O. Box City Zip

PHONE NUMBER: _____

STEP 2 REQUESTED BASIS FOR ELIGIBILITY - CHECK ONE BOX ONLY

- SENIOR-** 65 and older. Attach proof of age
- MEDICARE-** Attach copy of Medicare Card
- DISABLED-** Reverse must be completed by doctor or certifying agency

CERTIFYING AGENCY OR PHYSICIAN MUST COMPLETE REVERSE SIDE

Certifying Agency or Physician **MUST** complete Steps 3, 4 & 5

STEP 3

In compliance with federal regulations, MAX charges half the regular fare to qualified disabled riders. The federal standard for qualification for this fare discount is he or she “is a person who by reason of illness, injury, congenital malfunction, or other incapacity or temporary or permanent disability cannot use effectively, without special facilities, planning, or design” the MAX fixed route bus system.

Please initial here if this applicant meets the qualifying standard stated above:

_____ **YES, THIS APPLICANT MEETS THE QUALIFICATIONS REQUIRED FOR DISCOUNTED FARE.**

Condition is

Permanent (Must be renewed after 3 years)

Temporary (3 month minimum) – from: _____ to: _____

STEP 4

PERSONAL CARE ATTENDANT (PCA)

NOTE:

Transit staff may call the certifying agency below to confirm the need for an attendant.

Some riders with disabilities require additional assistance from a Personal Care Attendant (PCA). A PCA is “someone designated or employed specifically to help the eligible individual meet his or her personal needs.” A PCA typically assists with one or more daily life activities such as providing personal care, performing manual tasks, or providing assistance with mobility or communication.

If, as part of this application for a reduced fare, the Certifying Authority designates that this rider requires a PCA, MAX will allow a PCA to travel with this rider without paying an additional fare for the PCA.

PLEASE INDICATE AND SIGN HERE IF THIS APPLICANT REQUIRES A PCA TO TRAVEL OR COMPLETE DAILY LIFE ACTIVITIES:

_____ **YES, THIS APPLICANT REQUIRES A PCA IN ADDITION TO QUALIFYING FOR DISCOUNTED FARE.**

_____ **SIGNATURE**

CHECK & SIGN ABOVE ONLY IF REQUESTING A PCA

STEP 5

Social Service Agency or Physician’s Confirmation of Disability and Need for Attendant

Name of Certifying Professional (Print)

Signature

Title

Telephone

Medical Facility/Group/Practice/Agency Name

Address

Date

Note: (Release of information approval is on the front of the application)

COMPLETED FORMS MAY BE SUBMITTED BY ANY OF THE FOLLOWING METHODS:

- **IN PERSON** – At the MAX Office/Downtown Transportation Center, 1001 9th St, Modesto, CA
- **BY MAIL:** City of Modesto, Transit Division, PO 642, Modesto, CA 95353
- **BY FAX** – Fax number 209-571-5521.
- **BY EMAIL** – transit@modestogov.com

FOR QUESTIONS – Please call the City of Modesto Transit Office 209-577-5295, option 3