



APPLICATION MAX SENIOR/DISABLED DISCOUNT CARD

To be eligible for a MAX Senior/Disabled Discount Card you must be sixty-five (65) years of age or over, **OR** have a disability which makes using MAX extremely difficult. After the application is approved, a MAX Senior/Disabled Discount Card will be mailed to you within twenty-one (21) days of the receipt of the application. Applications must be renewed every 3 years.

APPLICATION INSTRUCTIONS:

1. 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**.
2. If applying for the MAX Discount Card on the basis of a **disability**, you must complete **ALL STEPS** of this application. The reverse side must be completed by a social service agency or a physician.

IMPORTANT

- You **DO NOT** need this card if you have a Medicare Card or Photo ID with proof of age over 65 years. You may still apply for card, if you wish, by completing Steps 1 & 2 below and attaching a copy of your Medicare Card or Photo ID with proof of age. If you need an Attendant, a doctor or certifying agency must complete Steps 4 & 5.
- The MAX Senior/Disabled Discount Card is **NOT** accepted on Modesto Area Dial-A-Ride (MADAR).

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

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

CERTIFYING AGENCY OR PHYSICIAN MUST COMPLETE REVERSE SIDE

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

STEP 3 PLEASE EXPLAIN DISABILITY COMPLETELY.

Please provide a **COMPLETE** explanation of how the disability makes riding MAX extremely difficult. **By itself, a diagnosis or description of the disability is not sufficient.**

- Examples:**
- Vision impairment causes person to trip on bus steps
 - Cardiac condition prevents person from walking significant distance to bus stop
 - Cognitive disability causes person to get lost while riding the bus
 - Use of walker or wheelchair makes it difficult for passenger to get up and down steps

INCOMPLETE APPLICATIONS WILL BE RETURNED

Riding MAX is difficult because: (What is the disability and why does it make riding the bus difficult?)

Condition is Permanent (Must be renewed after 3 years)
 Temporary (3 month minimum) – from: _____ to: _____

STEP 4 ATTENDANT

Please check the appropriate box and initial the line following the selected box.

NOTE:

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

Does the applicant require:

- 1) physical assistance getting on or off the bus Yes _____ No _____
Initial *Initial*
- 2) need help negotiating the bus service

(The cardholder's attendant rides free when assisting that passenger. Fraudulent use of an attendant is against the law. MAX will make the final determination if an attendant is approved.)

If Yes, what specific tasks will the attendant perform to assist the passenger?

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.

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