



VINE Transit

Discounted Pass Purchase Program - Application

PART I:

Name: _____ Last Name: _____

Birth date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

*Email address (please write clearly): _____

Re-write Email address (please write clearly): _____

Signature: _____ Date: _____

**Email address is required if participant would to purchase reduced bus passes online.*

Please mark ONE of the following:

- I am 65+ years of age (Please provide copy of valid identification – skip Part II).
- I am enrolled in Medicare (Please provide copy of Medicare Card AND copy of valid identification – skip Part II).
- I have a DMV Placard ID Card (Please provide copy of Placard ID card AND copy of valid identification – skip Part II).
- I am not enrolled in Medicare but I have a disability.
(Part II of application MUST be completed by a certified physician).



PART II:

I certify that I am eligible for a disabled discount fee on VINE Transit Services vehicles under the following category as defined in the Regional Transit Discount Card Eligibility Criteria Handbook:

Please Check:

- | | |
|--|---|
| <input type="checkbox"/> Amputation which impairs mobility | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Arthritis which impairs hip or leg joint | <input type="checkbox"/> Mentally Challenged |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Motor disabilities (example: Cerebral Palsy, Muscular Dystrophy) |
| <input type="checkbox"/> Cardiac (heart) impairment which limits walking up to 100 yards or less without difficulty. | <input type="checkbox"/> Respiratory ailment which limits walking up to 100 yards or less without difficulty. |
| <input type="checkbox"/> Central Nervous System impairment | <input type="checkbox"/> Stroke which impairs mobility up to 100 yards or less without difficulty |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> User of Crutches, Walker, Long Leg Braces |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Vision impairment (denied a driver's license due to vision impairment) |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Wheelchair User |

The following categories require certification by a medical doctor or federal, state or local agency with access to medical records.

- Mental Disorder
- Chronic Progressive Debilitating Disorders including Cancer being treated with aggressive chemotherapy or radiation, advanced Lupus or Scleroderma and AIDS/ARC as defined by CDC Clinical Group IV Sub A-E.

Name of Applicant _____

Date _____

Certifying Physician / Agency Rep _____

Title _____

License Number _____



625 Burnell St.
Napa, CA 94559
(707) 251-2800

Notice to Applicants:

Individuals possessing a Medicare card or DMV Placard ID Card are automatically eligible for reduced passes. Persons whose sole disability is acute or chronic alcoholism or drug addiction are specifically excluded from discount fare edibility. Return to address above.

1. In accordance with NCTPA operational policy, VINE Transit reserves the right to determine qualifications for its reduced fare programs.
2. If applying to purchase reduced passes online, Username and Password will not be issued if the applicant fails to provide:
 - a. Proper certification as proof of age.
 - b. Properly completed application.

Upon approval of application, a notification will be sent via email.

Only credit card payments are accepted online and you will receive your transit pass via U.S. mail in 5- 7 business days. All bus passes are subject to VINE Transit's terms and conditions. Passes are valid for one passenger only. No refunds or exchanges.

3. Allow up to 10 days for application review once received.

Medicare Card Holder- Online Pass Sales Program Guidelines:

Medicare card holders (other than disabled): Any individual with a current valid Medicare card is eligible to purchase reduced passes in person and online. To apply as a Medicare cardholder, you will need verification of Medicare status. You can obtain a printout verifying your status by calling the Social Security Administration at 1-800-772-1213, or by visiting a Social Security Administration Office.

INDIVIDUALS WITH MEDICARE CARDS WHO ARE NOT DISABLED AND NOT A SENIOR MUST PROVIDE THIS PROOF OF STATUS IN ADDITION TO THEIR CARDS. Applicants must also provide a government-issued picture identification card that verifies your age (driver's license, state of California ID card, alien registration card or passport).

PLEASE MAIL COMPLETED APPLICATIONS TO VINE TRANSIT AT:

625 Burnell St.

Napa, CA 94559

Or by fax at (707) 259-8638

Incomplete applications will be returned