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Disabled Special Citizen Program Application

The PSTA Disabled Special Citizen Program allows eligible individuals to ride PSTA's regular bus routes for a reduced fare by presenting a PSTA Special Citizen Photo ID Card upon boarding.

Who Qualifies?

The Federal Transit Act (Title 49 USC, Chapter 53, Section 5302) defines those who qualify as individuals who, because of a permanent disability, have a difficult time using mass transit service or a mass transit facility without special facilities, planning, or design. Such limitations must be mobility related and present difficulty when waiting, boarding, riding, or exiting a public transit vehicle.

Individuals whose sole disability is pregnancy, obesity, impairment due to drugs or alcohol, behavioral or psychological disorders, controlled epilepsy, or vision or hearing loss that can be corrected with mechanical devices do not qualify. Financial need is not considered for program eligibility.

If you are a Medicare cardholder (not Medicaid) you do not need to apply for the Disabled Special Citizen Program. Just present your original Medicare card to the Bus Operator upon boarding to ride for the reduced fare, or at a PSTA Customer Service Center to obtain a Special Citizen Photo ID Card.

How to Apply

All sections of this application must be complete; incomplete applications will be returned unprocessed. After the "Applicant Information and Release" section is completed, the application should be taken to your doctor for certification. **Original completed applications must be mailed in for processing; send to PSTA Special Citizen Program, 3201 Scherer Drive, St. Petersburg, FL 33716.**

Notification

PSTA will notify you by mail whether you have been approved or denied for the program. If approved, instructions will be included for obtaining your photo ID card.

Applicant Information and Release - Please print or type.

Mr./Ms./Miss (circle one)

Name _____

Street Address _____ Unit/Apt # _____

City _____ State _____ Zip Code _____

Telephone Number _____

Last 4 Digits of Social Security Number _____

I authorize the physician completing this application to release information about my disability to the Pinellas Suncoast Transit Authority (PSTA) for the purpose of determining my eligibility for the Disabled Special Citizen Program. I understand that PSTA uses the last four numbers of my social security number strictly as a means of identification, and that I may choose not to provide the number. If approved, I will show my Photo ID card to the Bus Operator each time I board, and understand that use of my ID by someone other than me is fraudulent and will result in the revocation of my Special Citizen Program privileges.

Signature of Applicant _____ Date _____



Applicant Name _____

This side must be completed by a licensed physician who is familiar with the applicant's disability. The completed application should then be mailed to PSTA for processing.

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Medical Certification - Please print or type.

Physician Name _____ License #/State _____

Office Address _____ Suite # _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

1. What is the applicant's diagnosis/disability? (Please be specific)

2. Considering the Federal Transit Act definition above, does the applicant's condition make it difficult for him/her to use public transit? Does the disability specifically impair his/her ability to use a public transit vehicle?

No The applicant's condition does not affect his/her ability to use public transportation.

Yes If yes, please describe how the disability impedes the applicant's ability to use a public transit vehicle.

3. Does the applicant use a mobility assistance device (i.e. cane, walker, wheelchair, etc.)?

Yes No If yes, please describe _____

4. Is the applicant's condition correctable with medication, hearing aid/glasses, or by other means?

Yes No If yes, please describe _____

5. Is the applicant's condition permanent?

Yes No

I hereby certify that the medical information provided above is true and correct, and I understand that false or fraudulent statements and certifications are punishable by law under Title 18 USC, Subsection 10001 (1982).

Signature of Physician _____ Date _____