



City of Ripon – Transit Dept.
259 N. Wilma Avenue, Ripon, CA 95366
209-253-5327 / Fax 209-599-2685
City Hall: 209/599-2108

APPLICATION SENIOR/DISABLED DISCOUNT CARD

To be eligible for a Blossom Express Senior/Disabled Discount Card you must be sixty (60) years of age or over, have a Medicare Card, **OR** have a disability which makes using the Blossom Express extremely difficult. After the application is approved, a Senior/Disabled Discount Card will be mailed to you within twenty-one (21) days. Applications must be updated every three (3) years.

APPLICATION INSTRUCTIONS:

1. If you are applying for the Blossom Express Discount Card as a **Senior (age 60+) or with a Medicare Card, please complete Step 1 only**, unless you need a Personal Care Attendant, in which case you must also complete **Step 2** and a physician or social service agency must complete **Steps 3, 4 and 5**.
2. If you are applying for the Blossom Express Discount Card on the basis of a **Disability**, you must complete **ALL STEPS** of this application. On the reverse side of this application, **Steps 3, 4, and 5** MUST BE COMPLETED BY A PHYSICIAN OR A SOCIAL SERVICE AGENCY.

****IMPORTANT****

- You **DO NOT** need this card if you already have a **Medicare Card** or **Photo ID** with proof of age over 60 years. You may still apply for the card, if you wish, by completing Step 1 below and attaching a copy of your Medicare Card or Photo ID with proof of age. **If you need a Personal Care Attendant**, you must complete Step 2 and either a physician or a social service agency must complete Steps 4 and 5.
- This Discount Card is **ONLY** accepted on the Blossom Express bus. It is **NOT ACCEPTED** on any other transit service.

STEP 1: REQUESTED BASIS FOR ELIGIBILITY-CHECK **ONE** BOX ONLY

DISABLED (Complete Step 2)
STEPS 3, 4, & 5 must be completed
by a physician or certifying agency

SENIOR
Attach copy of proof of age
60 and older

MEDICARE
Attach copy of Medicare Card

IF YOU USE A MOBILITY DEVICE, PLEASE COMPLETE:

TYPE OF MOBILITY DEVICE: _____ (Wheelchair, Power Scooter, Walker, etc.)
 WHAT IS THE SIZE OF YOUR MOBILITY DEVICE: Width: _____ Length: _____
 WHAT IS THE WEIGHT OF YOUR MOBILITY DEVICE, WHEN OCCUPIED: _____ Pounds: _____

PLEASE PROVIDE THE NAME AND TELEPHONE NUMBER OF A LOCAL FRIEND OR RELATIVE TO CONTACT IN THE EVENT OF AN EMERGENCY: (Please Print)

Emergency Contact Name

Relationship

Daytime Telephone

Evening Telephone

APPLICANT'S NAME (PLEASE PRINT CLEARLY): _____

APPLICANT'S SIGNATURE

APPLICANT'S TELEPHONE

DATE

STEP 2:

RELEASE OF PROTECTED HEALTH INFORMATION

(PLEASE PRINT CLEARLY) (I, _____ (Full Name),
DOB: _____ / _____ / _____ hereby authorize the certifying individual listed below to release
information to the City of Ripon Transit Department for the purpose of issuing a Blossom Express Senior/Disabled
Discount Card.

APPLICANTS SIGNATURE: _____
Date _____

Address (Please Print) _____ City _____ Zip _____ Telephone Number _____

STEPS 3, 4, & 5 TO BE COMPLETED BY A PHYSICIAN OR CERTIFYING AGENCY ONLY

STEP 3: PLEASE EXPLAIN DISABILITY COMPLETELY

Please provide a **COMPLETE** explanation of how the disability makes riding the Blossom Express 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 a significant distance to bus stop
Cognitive disability causes person to get lost while riding the bus
Use of a mobility device makes it difficult for passenger to get up and down steps/ramps

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

Condition is: Permanent Temporary From: _____ To: _____

STEP 4: PERSONAL CARE ATTENDANT

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

- Does the applicant require:
1. Physical assistance getting on or off the bus *and/or*
2. Needs help negotiating the bus service **Yes** _____(Initial) **No** _____(Initial)
(The cardholder's attendant rides free when assisting that passenger. Fraudulent use of an attendant is against the law.)

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

STEP 5: PHYSICIAN OR SOCIAL SERVICE AGENCY'S CONFIRMATION OF DISABILITY AND/OR
NEED FOR AN ATTENDANT

Name of Certifying Professional (Please Print)

Signature

Title

Telephone

Medical Facility/Group/Practice/Agency Name

Address

City/Zip Code

Date

Note: Release of information approval is at the top
of this page.

RETURN COMPLETED APPLICATION TO CITY OF RIPON, 259 N. WILMA AVE., RIPON, CA 95366