



DISCOUNT ID CARD APPLICATION

<i>For Office Use Only</i>	
<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
ID Number _____	
_____ Issued	_____ Expires
* There is a \$3.00 fee for replacement cards	

This ID card allows seniors and persons with disabilities to ride GoCary fixed route buses at a free or discounted rate. Please check the box that applies to you and complete the required sections. To receive your GoCary photo ID card, please bring your completed form along with proof of identity and age to the Cary Senior Center at Bond Park (120 Maury O'Dell Place, Cary, NC 27513). Please call 919-653-7141 for more information. **It may take up to 21 days to process completed applications.**

WHO IS ELIGIBLE? A passenger may be eligible for a discount identification card from GoCary, if through illness, age, injury or congenital malfunction, the passenger is unable to utilize public transportation facilities and services as effectively as persons who are not so affected.

WHO IS NOT ELIGIBLE? Passengers with disabilities that do not make it substantially more difficult for them to use public transportation when compared to a passenger who does not have a disability are not eligible for the GoCary Discount ID card. Examples of disabilities that are included in this category are contagious disease, pregnancy, obesity, and drug or alcohol addiction. Passengers whose disability is corrected with medication, glasses or hearing aids are also not eligible.

Check the box that applies to you and provide the information required.

- I am 65 years of age or older (complete Section A only).
- I am 60 - 64 years of age (complete Section A only).
- I am under the age of 60 and I have a disability (complete Sections A and B. Section C must be completed by a licensed healthcare provider).

Office use only
 Age Verified _____

SECTION A

Name: _____ Date of Birth: _____
First M Last Month Day Year

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

SECTION B

Persons with Disabilities

- I have a permanent disability that prevents me from using public transportation as effectively as persons who are not so affected.
 Nature of Permanent Disability _____
- I have a temporary disability that prevents me from using public transportation as effectively as persons who are not so affected.
 Nature of Permanent Disability _____
 My doctor estimates that my temporary disability will last until: _____

Applicant Signature: _____ Date: _____



GUIDELINES FOR HEALTH CARE PROFESSIONALS

SECTION C

- AMBULATORY DISABILITY:** An individual is unable to walk and requires the use of a wheelchair or other mobility device.
- SEMI-AMBULATORY:** An individual is unable to walk without the use of a caliper leg brace, walker or crutches.
- UNREMITTING MUSCULOSKELETAL CONDITIONS:** An individual experiences substantial difficulty walking and/or functional limitation of movement.
- AMPUTATION/LOSS OF EXTREMITIES:** Anatomical deformity or amputation of hand(s), and/or feet, with loss of major function.
- LEGALLY BLIND OR LOW VISION:** An individual whose visual acuity in the better eye, with correction, is 10/200 or less, or who has tunnel vision to 10 degrees or less from a point of fixation, so the widest diameter subtends an angle no greater than 20 degrees.
- LEGALLY DEAF OR HARD OF HEARING:** An individual whose hearing loss is 7 dba or greater in the 500, 1000, 2000 KHz ranges in both ears, regardless of the use of hearing aids.
- NEUROLOGICAL DISABILITIES:** A person disabled by cerebral palsy, multiple sclerosis, muscular dystrophy, or other neurological and physical impairments not controlled by medication.
- EPILEPSY:** Persons who have suffered any seizure with loss of awareness within the last six (6) months. However, persons exhibiting seizure-free control for a continuous period of more than six (6) months duration are not included in the statement of epilepsy defined in this section.
- DEVELOPMENTAL OR LEARNING DISABILITIES:** An individual has a significant learning, perceptual and/or cognitive disability with a specific diagnosis. Some conditions are excluded from eligibility such as attention deficit disorder (ADD) and dyslexia.
- MENTAL ILLNESS:** An individual whose mental illness is chronic, long-term and includes a substantial disorder of thought, perception, orientation, or memory that impairs judgment and behavior.
- CHRONIC PROGRESSIVE DEBILITATING CONDITIONS:** An individual who experiences debilitating diseases, autoimmune deficiencies, or progressive and uncontrollable malignancies, any of which are characterized by fatigue, weakness, pain and/or changes in mental status that impair mobility.
- ADULT COGNITION:** Persons whom by reason of traumatic brain injury, illness or other accident occurring after age 18 experience ongoing impairment(s) in cognition that substantially limit(s) one or more major life activities, including individuals who meet SSA, SSI, or SSDI eligibility criteria.
- OTHER:** Please list conditions not listed here that limit the individual's ability to utilize public transportation.

I have read this application and certify that the information is correct.

Printed Name	Medical Title & Specialty		
Practice Name	Phone Number		
Street Address	City	State	Zip Code
Signature	Date		