



**APPLICATION FOR CERES TRANSIT SENIOR/DISABLED DISCOUNT CARD**

*(Discounts on Ceres Transit are also given to holders of Medicare and Modesto Area Dial-a-Ride Cards)*

To be eligible for a Ceres Transit Senior/Disabled Discount Card, you must be sixty-five (65) years of age or over, or have a disability. If you are eligible, a Ceres Transit Senior/Disabled Discount Card will be mailed to you within 21 days after the receipt of the application.

**Please note:** If you have a Medicare Card or Modesto Area Dial-A-Ride Card you can show either your Medicare Card or Modesto Area Dial-a-Ride Card to receive the Senior/Disabled discount when riding Ceres Transit or purchasing a pass. A discount cardholder may be required to show a photo ID along with the discount card in order to get the discount fare.

**APPLICATION INSTRUCTIONS:**

1. If you are applying for the discount card on **basis of age, please complete steps 1 and 2 only.**
2. If applying for a Ceres Transit discount card because of **disability, steps 1, 2, 3, 4, and 5 (on both sides of this application)** must be completed.

<b>STEP 1 TO BE COMPLETED BY ALL APPLICANTS (PLEASE PRINT)</b>			
NAME: _____		PHONE: _____	
MAILING ADDRESS: _____			
Street/P.O. Box	City	Zip	
DATE OF BIRTH: _____		APPLICANT SIGNATURE _____	
<b>STEP 2 CHECK ONE BOX ONLY</b>			
A. <input type="checkbox"/> Senior - 65 and older. If you have a Medicare Card you do not need to apply. (See note above). Accordingly, if you do not have a Medicare Card and are 65 years or older, attach a photocopy of birth certificate, driver's license, or passport and send in with application. <b>No other steps are necessary.</b>			
B. <input type="checkbox"/> Person with a Disability - In Step 3 have your Physician or Certifying Agency describe your disability. Also, have steps 4 and 5 filled out by your physician or certifying agency.			

**PLEASE COMPLETE FORM AND MAIL TO: STORER TRANSIT SYSTEMS, ATTN: CERES TRANSIT DISCOUNT CARD, 1216 DOKER DRIVE, MODESTO, CA 95351.**

The following information **MUST** be completed for applicants applying for a disabled discount card.

**STEP 3. THIS SECTION MUST BE FILLED OUT BY PHYSICIAN OR A REPRESENTATIVE OF A CERTIFYING AGENCY.** (Certifying agency representatives include: independent living counselors, physical therapists, social workers, or human services agency representatives.)

**PLEASE EXPLAIN DISABILITY COMPLETELY ( Please print or type)**

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*(Examples: Vision impairment; Cardiac condition; Cognitive disability - making it hard to remember and follow directions; must use Wheelchair, etc.)*

Condition is:  Permanent  
 Temporary - - from: \_\_\_\_\_ to: \_\_\_\_\_

**STEP 4 THIS SECTION MUST BE FILLED OUT BY PHYSICIAN OR CERTIFYING AGENCY.**

**Does the applicant require physical assistance getting on or off the bus or need help negotiating the bus service?**

*(One Personal Care Attendant (PCA) can ride free with a person who needs assistance riding or getting on or off a Ceres Dial-A-Ride or CAT bus. Fraudulent use of an attendant is considered fare evasion and is against the law.)*

\_\_\_\_\_ **Yes - The applicant requires the assistance of an attendant.**

\_\_\_\_\_ **No - The applicant does not require the assistance of an attendant.**

**STEP 5 THIS SECTION MUST BE FILLED OUT BY PHYSICIAN OR CERTIFYING AGENCY.** Please complete this section and verify, with your signature, the explanation of disability noted in Step 3, and whether the applicant needs an attendant, noted in Step 4.

\_\_\_\_\_  
Name of Certifying Person (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Agency/Medical Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

Please note that if a rider is not satisfied with a physician's or certifier's decision, the rider may appeal to the City of Ceres Public Works Department's Administrative Program Analyst, at (209) 538-5792.

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