Discount Fare Card (DFC) Application

The Federal Transportation Administration (FTA) stipulates that transportation agencies receiving funding under Section 5307 must allow the elderly, persons with disabilities, and Medicare cardholders to ride certain services for a fare that is no more than one-half the base fare charged other persons. Access San Joaquin, the consolidated transportation services agency of San Joaquin County, will issue a Discount Fare Card (DFC) to approved, qualified persons who meet the following eligibility criteria:

1. If you are a Medicare cardholder, complete Section 1 of the application and submit a copy of your identification and Medicare card.
2. DMV disabled placard or plate holder
3. If you are a veteran, complete Section 1 of the application and submit a copy of your valid United States Department of Defense DD Form 214 or a San Joaquin County Health Department Veteran's Discount Card.
4. If you reside in **Manteca** and you are age **62** and older, complete Section 1 of the application and submit a copy of your identification.
5. If you reside in **Tracy** or **Escalon** and you are age **65** or older, complete Section 1 of the application and submit a copy of your identification.
6. If you reside in **Stockton, Lodi, Ripon** or other cities in San Joaquin County not listed above and you are age **60** or older, complete Section 1 of the application and submit a copy of your identification.
7. If you do not meet any of the requirements above and have a visual, physical, or mental disability, complete the entire application (section 3 must be completed by a healthcare professional).

Mail or fax your completed form to:

Attn: Access San Joaquin
421 E Weber Ave.
Stockton, CA 95202
Fax: (209) 948-3024
Email: access@sjrtd.com

Access San Joaquin will carefully review each application to ensure that only qualified persons are approved. If your application was denied, you have the right to appeal this decision. The appeal process will be attached to the denial letter. Upon approval of your application, you will be mailed a letter regarding a photo for your DFC. Your DFC will be mailed to you within two to four weeks after your photo has been taken or submitted; it will have an expiration date of up to three years after the issued date (or no expiration if you qualify by age). In order to receive half-off regular fare, you must show your DFC to the operator upon boarding.

The information obtained in this application will be kept confidential and will be used only for the provision of transportation services. This information may be shared with other transit providers to facilitate travel in their areas.

Discount Fare Card (DFC) Application Form

Section 1: Applicant Information

Name:

Street Address: | City, State, Zip Code:

Phone: | Email:

Medicare # | Date of Birth: | Male ☐ | Female ☐

If someone filled out the application on behalf of the applicant, please provide the following information:

Assistant or Agency's name: | Email: | Phone:

Signature: | Date:

Section 2: Additional Information

Is your disability: | Visual ☐ | Physical ☐ | Mental ☐

Is your condition temporary? yes ☐ no ☐ If yes, how long?

Mobility Aids (check all that apply): | Cane ☐ | Crutches ☐ | Walker ☐ | Manual Wheelchair ☐

Service Animal ☐ | Oxygen ☐ | Motorized Wheelchair ☐ | Power Scooter ☐ | Other ☐

Certification of Applicant

I hereby certify that, to the best of my knowledge, the information I have given on this application is correct, and that the application will be returned if it is incomplete.

Applicant Signature:

Health Care Professional Identification

I hereby authorize my health care professional, identified below, to release any information necessary for the determination of my eligibility for the Access San Joaquin Discount Fare Card (DFC).

Name and Title of Professional:

Street Address:

City, State, Zip code:

Medical facility: | Phone:

Applicant Signature: | Date:

Section 3: Health Care Professional Verification

Access San Joaquin requires the information below to be fully completed in order to process DFC application.
Medical diagnosis (do not use medical abbreviations):

Is the applicant's condition temporary? yes ☐ no ☐ If yes, how long?

Mobility Aids (check all that apply): | Cane ☐ | Crutches ☐ | Walker ☐ | Manual Wheelchair ☐

Service Animal ☐ | Oxygen ☐ | Motorized Wheelchair ☐ | Power Scooter ☐ | Other ☐

Name and Title of Professional:

Health Care Professional Signature: | Date: