



**AND** 

B. Physician Certification: (see section 6)

Fare-free unlimited use ASUCD Unitrans Access pass

Please review the Access pass eligibility criteria below; if eligible, please complete the entire application. One companion can ride with the certified passenger free of charge. Unitrans drivers may request identification for verification at the time of boarding. Without an Access pass or an equivalent pass from a partner transit provider, or a Medicare card, the fare is \$1.25. Please note that the Access pass is non-transferable.

APPLICATION				
1. Eligibility Criteria				
I qualify for a Unitrans	Access pass beding or older. Com		·	
□ I have a veri eligibility cri	-	Complete sectio	ns 1-5, 6 if applicable, ar	nd 7. (See Attachment 1 for
2. Pass Selection				
, 3	□ New □	☐ Replacement	(If lost or stolen, compl	lete sections 3 and 4 Only)
Pass type (choose one I am requesting:	□ Physical pas		ronic/Digital pass (ZipPa cachment 2 for more ZipPass info	
3. Applicant Inform	ation			
Last Name	First Name	9	Middle Name	Date of Birth
Street address		Apt/Unit #	Phone Number	
City	State	Zip Code	Email (required for ZipPass	;)
4. Applicant Acknow	wledgment			
	ss. I understand	that my Access		se the pass or if I purposely mark e. I, with this, certify that the
Applicant Signature			Date	
5. Eligibility Verifica	tion for Disabil	ity		
Please provide valid fo	rms of verificati	on to prove elic	gibility as follows:	

A. Copy of government-issued photo ID (choose one: current state ID card, driver's license, or passport)

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OR

v4/22/24

Social Security Administration (SSA) Notice of Award

# 6. Physician Certification

Certification must be completed by a licensed pdisability.	physician or medical provider familiar with the applicant's
l certify that ( obtain a Unitrans Access pass Based on eligible	please print applicant name) meets the eligibility criteria to disability (see Attachment 1).
Disability duration: $\square$ Permanent $\square$	Temporary - Length of disability:
I certify that the person named herein meets at Criteria for Unitrans Access pass based on Disal	least one of the eligible disabilities as defined in the Eligibility bility, Attachment 1.
Certifier Name (print)	Phone Number
Certifiers' Signature	Address
Certifiers' License Number	State/City/Zip
Date	_
7. Application Checklist	
☐ Copy of official photo identification	ns 1-4 (for all applicants), 5-6 (If applicable). (choose one: current state ID card, driver's license, or passport). urity Administration (SSA) Notice of Award (If applicable)
IMPORTANT INFORMATION	

Applications can be submitted via email to unitrans@ucdavis.edu or USPS mail, or in person at

**ASUCD Unitrans** One Shields Ave, 5 South Hall Davis, CA 95616-5270

The pass will be mailed by USPS within 2-3 days; please allow 5-7 days for mail delivery.

For more information or to report a lost, stolen, or destroyed Access pass, please call the Unitrans Business Office at 530-752-2877 or email unitrans@ucdavis.edu. For more details about Unitrans services, please visit the website unitrans.ucdavis.edu.

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### ELIGIBILITY CRITERIA FOR ACCESS PASS BASED ON DISABILITY

#### 1. ELIGIBILITY DETERMINATION BY THE FEDERAL GOVERNMENT

If you have been approved by the U.S. Social Security Administration for Social Security Disability Insurance (SSDI) payments, you can provide a copy of your "Notice of Award" or a copy of your U.S. government issued Medicare card with your application as proof of disability to obtain a Unitrans Access pass.

<u>Special Note:</u> If you have a valid <u>Medicare</u> card, show your card to a Unitrans bus driver to ride Unitrans free of charge without the need to obtain a separate Unitrans Access pass. Drivers reserve the right to ask for a photo ID card to confirm your identity.

### 2. ELIGIBILITY DETERMINATION BY ANOTHER TRANSIT AGENCY

If you have been certified by another transit agency within the last twelve (12) months as eligible to ride on ADA complementary paratransit service (such as Davis Community Transit, Yolobus Special, or paratransit service in another city), you can provide a copy of your certification letter from that agency with your application as proof of disability to obtain a Unitrans Access pass.

<u>Special Note:</u> If you have a valid <u>Davis Community Transit</u> or <u>Yolobus Special</u> identification card, show your card to a Unitrans bus driver to ride Unitrans free of charge without needing a separate Unitrans Access pass. Drivers reserve the right to request a photo ID card to confirm your identity.

### 3. ELIGIBILITY DETERMINATION BY A MEDICAL PROFESSIONAL

If Categories 1 or 2 do not apply to your situation, ask your medical provider to complete the certification section of your Access pass application based on the following physical, developmental, or mental disabilities or impairments.

### PHYSICAL DISABILITIES

Any physical condition or injury (permanent or temporary) that limits a person's ability to function and perform activities related to conscious or reflex movement, sitting, standing, grasping or manipulating objects, communicating, eating, or perception. Some physical conditions may require the use of a wheelchair (motorized or non-motorized), mobility scooter, or other mobility aid, including but not limited to braces, a walker, a cane, or crutches.

<u>Amputation</u> - Persons with loss of a major function due to amputation of or anatomical deformity (degenerative changes associated with vascular or neurological deficits, traumatic loss of muscle mass or tendons, and x-ray evidence of bony or fibrous ankylosis at an unfavorable angle, joint subluxation or instability) of hands, arms, legs, and/or feet.

Arthritis - Persons with arthritis which causes a functional motor deficit in any significant limb.

<u>Birth Defect</u> – Persons with an abnormality that may affect the function or structure of a body part or alter the person's metabolism.

<u>Cardiac Ills</u> - Persons with cardiovascular disease that results in a marked limitation of physical activity.

<u>Cerebrovascular Accident (Stroke)</u> - Persons who, due to a stroke, have one of the following disabilities:

- A. Pseudobulbar palsy, or
- B. A functional motor deficit in any of two extremities or
- C. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss

<u>Coordination Disabilities</u> - Persons with faulty coordination or palsy from brain, spinal, or peripheral nerve injury and any person with a functional motor deficit in any two limbs or who suffer manifestations which significantly reduce mobility, coordination, and perceptiveness not accounted for in previous categories.

<u>Dialysis</u> - Persons who, in order to live, must use a kidney dialysis machine.

<u>Epilepsy</u> - Persons with a clinical diagnosis of epilepsy characterized by major motor seizures.

Hearing Disabilities - Persons with 50% bilateral hearing loss uncorrectable by the use of a hearing aid.

<u>Pulmonary Ills</u> - Persons with moderate or worse respiratory impairment (dyspnea) that results in the need to stop for breath when walking at their own pace on level ground, or worse, depending on the person's condition. The patient's lowest level of physical activity and exertion that produces breathlessness denotes the severity of dyspnea.

<u>Serious Physical Injury</u> – Persons with physical disabilities (permanent or temporary) resulting from traumatic brain, spinal cord, or other muscular-skeletal injuries that limit a person's ability to perform life functions.

Sight Disabilities - Persons with a sight impairment as defined below:

- A. A person whose vision in the better eye after best correction is 20/200 or worse; or
- B. A person whose visual field is contracted (commonly known as tunnel vision);
  - 1. to 10 degrees or less from the point of affixation or
  - 2. so the widest diameter subtends an angle no greater than 20 degrees

#### **DEVELOPMENTAL DISABILITIES**

<u>Intellectual Disability</u>- Persons with below-average intellectual function, which originates during the developmental period and is associated with impairment in adaptive behavior. This section also applies to adults who, by reason of illness or accident, suffer intellectual disability.

<u>Neurological Impairment/Cerebral Palsy/Autism</u> - Persons with neurological impairment, cerebral palsy or autism who have significant impairment of motor functions (paralysis or weakness) or sensory disorders, seizures, learning difficulty, and behavioral disorders. This section includes persons with severe gait problems who are restricted in mobility.

#### MENTAL DISABILITIES

Mental Disabilities – Persons with a mental impairment, as outlined in the current edition of the American Psychiatric Association's *Diagnostic and Statistical Manual for Mental Disorders*. that substantially limits one or more of the major life activities of an individual. Examples of impairment include major depression disorder, bipolar disorder, anxiety disorders (which include panic disorder, obsessive compulsive disorder, and post-traumatic stress disorder), schizophrenia, and personality disorders.

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### **ZIPPASS**

## Try ZipPass! Have your bus pass on your phone!

Forget about carrying cash or paper passes. Embrace the convenience of going paperless with ZipPass! It's your all-in-one solution for Unitrans, Yolobus, Causeway Connection, and Sacramento RT passes! ZipPass App is available to download from the App Store or Google Play!

To use, provide Unitrans with your email address on your Access Pass application. Once you're approved, download the ZipPass app and add your free Access Pass!

When boarding the bus, simply show the driver or conductor the Access Pass on your phone and enjoy your ride! The driver or conductor will instruct you to tap your activated pass screen to verify that your pass is valid.

### Also Available on ZipPass:

- Single Ride
- 10-Ride Ticket
- Monthly, Quarterly, and Annual Passes