

MEDICAL ELIGIBILITY APPLICATION

Clipper Access Card

For more information on the Medical eligibility category and submitting your application, please go to the Clipper Access 511.org page.



Section One: Applicant Information

Full Name (required): _____

Birthdate (MM/DD/YYYY) (required): _____/_____/_____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Preferred communication method (required): US Mail ☐ Braille (Mailed) ☐ Email ☐

Preferred Written Language: English ☐ Spanish ☐ Tagalog ☐ Chinese ☐ Other: _____

Preferred Phone Number: Home ☐ Cell ☐ _____ Additional: _____

I would like my card mailed to (required): my address above ☐ a transit agency for pickup ☐
(transit agency name) _____

Section Two: Release of Applicant Information

I authorize the medical or other qualifying practitioner (Certifier) to release the information requested to Clipper Access program for use in determining my eligibility for this program, until 90 days from the date below unless I revoke this permission sooner.

Signature (required): _____ **Date:** _____

Section Three: Applicant Signature

I attest that the information on this application is true and correct and that any fraud or a misstatement of fact will disqualify me from receiving the benefits of the Clipper Access Program. I agree to provide additional information that may be requested. I understand that by applying for the Clipper Access program, I am also agreeing to the Clipper Cardholder agreement and Clipper Privacy Policy, which can be found the Clipper Access 511.org page, ClipperCard.com and are provided with your card if your application is approved.

Signature (required): _____ **Date:** _____

Section Four: Certification of Disability (Certifier Only)

Eligibility Category #: _____ If Category 17 only, please provide a required DSM code: _____

Is this disability permanent? Yes ☐ No ☐ If no, it is _____ months in duration.

Does applicant require an attendant when using public transit? Yes ☐ No ☐ **If YES, Initial here:** _____

Certifier Name: _____ Field of Practice: _____

Address: _____ City: _____ State: _____ Zip: _____

California State License #: _____ Phone Number: _____ Fax: _____

I hereby certify that I have read the requirements of eligibility for the Clipper Access Discount Card Program as found on the Clipper Access 511.org page and in my professional judgment the above named applicant is eligible to receive discount fares on transit because of a disability that limits their ability to use fixed route transit. Note: Any falsification of a condition or any part of a condition may be reported to the Federal Transportation Administration for prosecution to the full extent of the law.

Signature of Certifier (required): _____ **Date:** _____

To Certifiers:

Your certification ensures that only eligible individuals receive fare discounts as mandated by state and federal law. Please use your professional judgement to certify this customer based on the Clipper Access program eligibility requirements. Clipper Access eligibility is based on the individual's inability to use fixed-route transit (i.e., regular accessible buses, light rail, commuter rail or BART) without special facilities, planning or design. [49 US § 1608 (c)(4), Category 99206.5, CA PUC].

The program categorizes disability by Category number (1 through 19) and a description of the Clipper Access eligibility Categories can be found below. For more information on categories and eligible certifiers, please review the [Program Information for New Applicants](#) or contact clipperaccess@bayareametro.gov.

Your address and medical license information will be verified with the state Medical License Board. Only California licenses are accepted. Please provide a telephone and fax number. The Clipper Access program may contact your office about your certification or license number.

Thank you for helping maintain the integrity of the Clipper Access Program.

Medical Eligibility Categories

Individuals must meet the Category definition below. Enter the Category Code corresponding to the descriptions. If individual falls under Category 17, you must provide the DSM code on their application. If the individual has multiple disabilities, see Category 19. Please refer to the program brochure for additional details or contact clipperaccess@bayareametro.gov.

Category 1 – Non-ambulatory Disabilities: Impairments that, regardless of cause, require individuals to use a wheelchair for mobility.

Category 2 – Mobility Aids: Impairments that cause individuals to walk with significant difficulty including requiring use of a leg brace, cane, walker or crutches.

Category 3 – Musculo-Skeletal Impairment (Including Arthritis): Musculo-skeletal impairment such as muscular dystrophy, osteogenesis imperfecta or arthritis of Functional Class III or anatomical Stage III. Individual has significant mobility impairment.

Category 4 – Amputation: Persons who suffer amputation of, or anatomical deformity of (a) Both hands; or (b) one hand and one foot; or (c) amputation of lower extremity at or above the tarsal region (one or both legs).

Category 5 – Cerebrovascular Accident (Stroke): With one of the following: (a) pseudobulbar palsy; or (b) functional motor deficit; or (c) ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss post 4 months.

Category 6 – Pulmonary Ills: Respiratory impairments of Class 3 (FVC between 51 and 59% of predicted, or FEV between 41 and 59% of predicted); or Class 4 (FVC less than or equal to 50% of predicted, or FEV less than or equal to 40% of predicted).

Category 7 – Cardiac Ills: Cardiovascular impairments of functional Class III, Cardiovascular impairments of functional Class IV.

Category 8 – Dialysis: Individuals whose disability requires the use of a kidney dialysis machine.

Category 9 – Sight Disabilities: Those individuals whose vision in the better eye (after correction) is 20/200 or less; or those individuals whose visual field is contracted (tunnel vision) to 10° or less from point of fixation or widest diameter subtends an angle no greater than 20° and individuals who are unable to read information signs or symbols for other than language reasons.

Category 10 – Hearing Disabilities: Deafness or hearing incapacity that makes person unable to communicate or hear warning signals including those persons whose hearing loss is 70 dba or greater in the 500, 1000, 2000 Hz ranges.

Category 11 – Disabilities of Incoordination: Individuals suffering faulty coordination or palsy from brain spinal or peripheral nerve injury, functional motor deficit in any two limbs or manifestations which significantly reduce mobility, coordination or perceptiveness.

Category 12 - Intellectual Disability: Intellectual Disability is a disorder that features concomitant deficits in intellectual functions and adaptive functioning that adversely impacts one or more aspects of daily living, such as communication, socialization, academic achievement and independent living.

Category 13 – Cerebral Palsy: A neurological condition that appears in infancy or early childhood and permanently affects body movement, muscle coordination, and balance, and which primarily causes physical impairment involving limitation or loss of function and mobility.

Category 14 – Epilepsy (Convulsive Disorder): A clinical disorder involving impairment of consciousness, characterized by seizures (e.g., generalized, complex partial, major motor, grand mal, petit mal or psychomotor), occurring more frequently than once a month in spite of prescribed treatment.

Category 15 – Autism Spectrum Disorder: Deficits in verbal and nonverbal communication abilities and social interaction skills, coupled with the presence of restricted, repetitive patterns of behavior, interest or activities, which significantly impact the quality of social, educational, occupational, and/or adaptive functioning.

Category 16 – Neurological Impairment: Disorders of an individual whose IQ is not less than two standard deviations below the norm. This Category includes persons with severe gait problems who are restricted in mobility.

Category 17 – Mental Disorders: A DSM-5 diagnosis in one of the following is required for eligibility: Schizophrenia Spectrum and Other Psychotic Disorders, Bipolar and Related Disorders, Depressive Disorders, Trauma- and Stressor-Related Disorders, Dissociative Disorders, Somatic Symptoms and Related Disorders, and Neurocognitive Disorders. Ex. Disorders in remission and “Unspecified” diagnoses are specifically excluded from eligibility. Additionally, applicants who have a Substance Related or Addictive Disorder as a primary disability will not qualify for this program.

Category 18 – Chronic Progressive Debilitating Disorders: Individuals who experience chronic and progressive debilitating diseases that are characterized by constitutional symptoms such as fatigue, weakness, weight loss, pain and changes in mental status that, taken together, interfere in the activities of daily living and significantly impair mobility.

Category 19 – Multiple Impairments: This category may include, but not be limited to, persons disabled by the combined effects of more than one impairment. The individual impairments themselves may not be severe enough to qualify as a Transit Dysfunction; however, the combined effects of the disabilities may qualify the individual for the program.