



APPLICATION FOR YUMA COUNTY AREA TRANSIT (YCAT) DISCOUNT CARD

If you have one of the following, **you do not need a YCAT Discount Card**:

- **Persons with Disabilities**: YCAT OnCall Card, Medicare Card or Persons with Disabilities ID card issued by another transit agency
- **Seniors (65+ yrs)**: State ID card, passport showing date of birth or a Senior ID card issued by another transit agency
- **Students (5-18 yrs old)**: Current Student ID

Show an ID listed above to receive a discount when riding YCAT or purchasing discount bus passes.

To be eligible for a YCAT Discount Card you must be at least sixty-five (65) years of age, have a disability that makes using YCAT extremely difficult or a student between 5-18 years old **without a student ID**. If you are eligible, a YCAT Discount Card will be mailed to you within 21 days after your picture is taken.

PLEASE COMPLETE FORM AND
MAIL TO: 2715 EAST 14TH ST, YUMA, AZ 85365 – EMAIL TO: cperez@ycipta.az.gov
OR FAX TO (928) 783-0309

APPLICATION INSTRUCTIONS:

1. Do not apply for this YCAT Discount Card if you have an ID listed above. You may use these other cards to purchase discounted monthly pass or pay for discount fares.
2. If you do not have a card listed above and you are applying for the discount card on **basis of age**, **please complete steps 1 and 2 only**.
3. If applying for a YCAT Discount Card because of disability, complete steps 1, 2, 4 & 5 of this application.

STEP 1. TO BE COMPLETED BY ALL APPLICANTS (PLEASE PRINT)

PARENT/GUARDIAN: _____ RELATIONSHIP: _____

NAME OF STUDENT: _____ PHONE: _____

MAILING ADDRESS: _____
Street/P.O. Box City Zip

DATE OF BIRTH: _____ PARENT/GUARDIAN SIGNATURE _____

STEP 2. CHECK ONE BOX ONLY

- A. Senior - 65 and older. Attach a photocopy of birth certificate or passport showing date of birth with application. **No other steps are necessary.**
- B. Person with a Disability - In Step 3, describe your disability and how it makes using a YCAT bus extremely difficult. Have steps 4 and 5 filled out by your physician or certifying agency.
- C. Students (5-18) without a school ID. Attach proof of enrollment (request from school).

STEP 3. STUDENTS ONLY

Name of School: _____ School Phone: _____

School Address: _____ Student ID #: _____ Grade _____

IF YOU HAVE A DISABILITY – PLEASE CONTINUE TO THE OTHER SIDE!

The following **MUST** be completed for persons with disabilities applicants **ONLY**

STEP 4. PLEASE EXPLAIN DISABILITY COMPLETELY. A description of the disability and a complete explanation of **HOW** the disability makes riding **YCAT** extremely difficult must be included. **By itself, a diagnosis or simple description of the disability is not sufficient.** The explanation must be verified by your physician, independent living counselor, physical therapist, social worker, or human services agency representative, who will also need to sign in Step 5.

Examples Vision impairment makes it difficult to board buses
Cardiac condition makes walking to the bus stop difficult
Cognitive disability makes it hard to remember and follow directions
Extreme sensitivity to temperature makes standing at a bus stop difficult

Riding YCAT is extremely difficult because: (what is the problem and why is it difficult to ride the bus) _____

Please select 1-- Condition is : Permanent
 Temporary - - from: _____ to: _____

STEP 5. 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? (*Persons with disabilities attendants ride free when assisting passengers on or off YCAT. 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.**

By signing below, I agree that I have verified and agree with the explanation of disability noted in Step 4.

Name of Certifying Person (Print)

Signature

Title

Telephone

Agency/Medical Facility

Address

Date

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