

## Persons with Disabilities TAP Card Application

Complete this application to receive or renew your Reduced Fare TAP card.

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### Submitting your application

A completed application ready for submission contains the following:

- A current 2" x 2" or 1" x 1¼" full-face photo (no hats or sunglasses) on photo paper attached to box in **SECTION 1**.
- A completed application form: **SECTIONS 1, 2, 3** for all applicants and **SECTION 5** and **6** for qualifying medical disability applicants.
- Copy of official photo ID and documents proving eligibility in **SECTION 3**.

You may submit your completed application packet in one of two ways.

1. In-person at any of the Metro Customer Centers listed below:

#### **Baldwin Hills/Crenshaw**

3650 W Martin Luther King Bl  
Ste 189 Los Angeles, CA  
Tuesday-Saturday,  
10am-6pm

#### **Union Station East**

One Gateway Plaza  
Los Angeles, CA  
Monday-Friday,  
6am-6:30pm

#### **Rosa Parks Customer Center**

**Willowbrook/Rosa Parks Station**  
11720 Wilmington Av  
Los Angeles, CA  
Monday-Friday, 6am-6:30pm

2. Submit by mail to:

#### **TAP Reduced Fare Office**

One Gateway Plaza  
Mail Stop 99-PL-4  
Los Angeles, CA  
90012-2952

#### **Wilshire/Vermont**

3183 Wilshire Bl Ste 174  
Los Angeles, CA  
Monday-Friday,  
10am-6pm

#### **East Los Angeles**

4501 B Whittier Bl  
Los Angeles, CA  
Tuesday-Saturday,  
10am-6pm

TAP cards for persons with disabilities will be mailed to eligible applicants within 20 business days after verification has been completed. Please allow additional time for mailed applications. Applications are for internal use only and will not be subject to public review. The Persons with Disabilities TAP card is non-transferable.

### Transit systems participating in TAP

- Call TAP at 866.827.8646.
- Visit [taptogo.net/TAPagencies](https://taptogo.net/TAPagencies)

### TAP Customer Service

- Call TAP at 866.827.8646
- Metro Customer Service Centers

### For Access Services information

- Visit [accessla.org](https://accessla.org) or call 800.827.0829 (800.827.1359, TDD).
- Visit the Social Security Administration site at [ssa.gov](https://ssa.gov).

### For your local Dial-A-Ride

- Visit <https://dpw.lacounty.gov/transit/DAR.aspx>

### Additional reduced fare information

- For Metro, email [reducedfare@metro.net](mailto:reducedfare@metro.net).
- For your local transit system, contact directly for information on its reduced fares program.
- For qualifying low-income riders, learn about the LIFE (Low-Income Fare is Easy) Program's fare subsidies on TAP. Visit [metro.net/life](https://metro.net/life).
- For more information about the TAP app, visit [taptogo.net](https://taptogo.net).

### Lost, stolen or destroyed TAP cards

- Call TAP at 866.827.8646
- A non-refundable, \$5 replacement fee applies.

# Persons with Disabilities TAP Card Application (check one)



New

Renewal

If available, enter the last eight digits of your existing card

Complete to renew or to apply for a new Persons with Disabilities TAP card.

## Application instructions

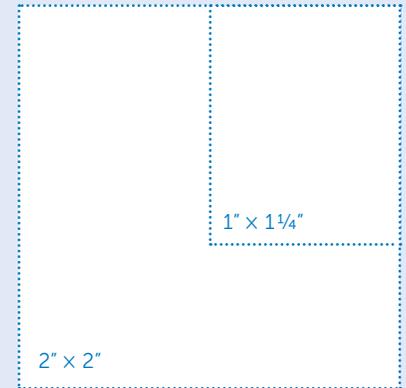
- All applicants are required to complete **SECTIONS 1, 2 and 3**.
- If an applicant has a qualifying medical disability (see **SECTION 4**), then he or she is also required to complete **SECTION 5** and must request a doctor or other certifying professional to complete and sign the required fields in **SECTION 6**.
- Include a copy of official photo ID.
- Include documents proving eligibility from **SECTION 3**.
- Include the completed medical certification in **SECTION 6**.
- Submit completed application in person or by mail (see last page).

## SECTION 1 – PHOTO SPECIFICATIONS

- All applications with photos that do not adhere to the guidelines listed below will not be processed.

### Tape photo inside box

- Current, full-face photo only
- No hats or sunglasses
- Photo size 2" x 2" or 1" x 1¼"
- Photo must be cut to size and fit in space provided, at right
- Photo must be in focus and in color



## SECTION 2 – Applicant information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name or Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt # (if applicable)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
E-mail (if applicable)

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Telephone Number

I declare under penalty of perjury under the State of California that the information I have given is true and correct. I understand that I may lose the use of my Reduced Fare TAP card if I misuse the card, or if I mark, tag or damage transit agency property. I understand that my TAP card is non-transferable.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## SECTION 3 – Eligibility criteria and medical release

Applicants are eligible for the Persons with Disabilities TAP card if one of the following criteria listed below applies to the applicant. *Note: Applicants who qualify in one of the first five categories must supply photocopies of the document proving eligibility and an official photo ID.*

\_\_\_\_\_ I have a Medicare Identification Card (Medi-Cal Card not acceptable).

\_\_\_\_\_ I have a valid California DMV Placard receipt (must have current "valid through" date to be accepted).

\_\_\_\_\_ I have a Disabled Veterans ID/VA benefit summary letter (service-connected).

\_\_\_\_\_ I receive Supplemental Security Income [SSI] or Social Security Disability Insurance [SSDI] benefits (copy of current benefit verification letter or award letter or benefit check).

\_\_\_\_\_ I am a Special Education Student in an LA County program (certification must be current, on school letterhead, signed by the Special Education teacher).

----- **IF YOU MEET THE ABOVE REQUIREMENTS, YOU CAN STOP HERE** -----

\_\_\_\_\_ I have a qualifying medical disability according to *Social Security Disability*. (Requires completion of **SECTION 5** and **6**)

----- **CONTINUE TO SECTIONS 5 AND 6.** -----

Qualified healthcare professionals who may certify disabilities listed in **SECTION 4**:

**M.D. & D.O./PRACTITIONER – ALL IMPAIRMENTS, ALL CATEGORIES**

**CHIROPRACTORS – MOBILITY IMPAIRMENTS **A, B, D** ONLY**

**OPTOMETRIST – VISUAL IMPAIRMENTS **K, L** ONLY**

**AUDIOLOGIST – HEARING IMPAIRMENTS **O, P** ONLY**

**PODIATRIST – MOBILITY IMPAIRMENTS **A, B, C, D** ONLY**

**CLINICAL PSYCHOLOGISTS – MENTAL IMPAIRMENTS**

****M, N** ONLY**

In order to certify an individual for the Persons with Disabilities TAP card you must:

- Agree to only certify, as eligible, those individuals who meet the criteria in **SECTION 4**.
- Upon request, provide verification of the information contained on this application to qualifying agency.
- Possess the proper professional degree and be licensed in California.

## **SECTION 4 – Medical disability criteria**

### **MOBILITY IMPAIRMENTS**

- A** Non-ambulatory: Requires use of a wheelchair.
- B** Mobility-aided: Requires use of an AFO or larger leg brace, walker or crutches to achieve mobility.
- C** Arthritis: Therapeutic Grade III or worse, Functional Class III or worse or Anatomical Grade III or worse.
- D** Amputation/Deformity: Traumatic loss of muscle mass or tendons; x-ray evidence of bony or fibrous ankylosis; joint subluxation or instability of both hands or one hand and one foot or amputation at or above tarsal region.
- E** Stroke: Causing pseudobulbar palsy, sustained functional motor deficit of gross/dexterous movement or gait, or ataxia affecting two or more extremities.

### **PHYSICAL IMPAIRMENTS**

- F** Respiratory: Class III or greater.
- G** Cardiac: Vascular impairments of Functional Class III or IV and Therapeutic Class C, D or E.
- H** Dialysis: Individuals who require kidney dialysis to live.
- I** Neurological impairments: As contained in *Disability Evaluation Under Social Security Publication*.
- J** Chronic progressive debilitating disorders: Diseases that are characterized by chronic symptoms such as fatigue, weakness, weight loss, pain and changes in mental status, which interfere in daily living activities and significantly impair mobility.
  - Progressive and uncontrollable malignancies
  - Advanced connective tissue disease, such as Lupus erythematosus, sclerodema or polyarteritis nodosa
  - Symptomatic HIV: (AIDS or ARC) in CDC defined clinical group IV, Subgroups A

### **VISUAL IMPAIRMENTS**

- K** Legally blind.
- L** Visual acuity: No better than 20/200 after correction in best eye, or visual field is contracted to 10 degrees or less from point of fixation or subtends to angle no greater than 20 degrees.

### **MENTAL IMPAIRMENTS**

- M** Mental/Emotional: Individual with a mental or emotional impairment listed in *Diagnostic and Statistical Manual V* of the American Psychiatric Association, the severity of which meets or exceeds standards outlined in the *Disability Evaluation Under Social Security Publication*. Disability must have been present for at least three months and be expected to continue for at least three months past the application date.
- N** Autism: Syndrome consisting of withdrawal, inadequate social relationships, language disturbance and monotonously repetitive motor behavior.

### **HEARING IMPAIRMENTS**

- O** Total deafness.
- P** Persons whose hearing loss is 70 dba or greater in the 1000 and 2000 Hz ranges.

# THIS SIDE TO BE COMPLETED FOR QUALIFYING MEDICAL DISABILITY CRITERIA ONLY

## SECTION 5 – Medical release consent (REQUIRED for medical disability criteria only)

In connection with my application for a Persons with Disabilities TAP card, I hereby authorize Dr./Practitioner \_\_\_\_\_ to release to the appropriate agency, medical or other pertinent information regarding my disability. The information released will only be used to verify my patient status and the designation of my disability category.

I realize that I have a right to receive a copy of this authorization. I understand that I may revoke this authorization at any time. Unless revoked, this form will permit the health care professional certifying my disability to release pertinent information for up to 60 days after the date appearing below.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## SECTION 6 – Medical professional certification (REQUIRED for doctor's/practitioner's use only)

\_\_\_\_\_  
Doctor's/Practitioner's Full Name

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suite

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Examination (within the last year)

I hereby certify that the applicant's Medical Disability Criteria defined in SECTION 4 is/are (Circle all letters that apply.)

**A B C D E F G H I J K L M N O P**

In the space provided below, doctor must indicate in detail applicant's disability. (Required.)

In my professional judgment, the applicant's disability is expected to continue for: (Check one only.)

3 months    6 months    9 months

1 year    2 years    3 years    4 years    Permanently disabled

(Note: TAP cards will not be issued for less than three months or more than 10 years.)

I understand that failure to certify applicant disabilities in accordance with the above guidelines will result in cancellation of my certification privileges. I am legally licensed as a \_\_\_\_\_ in the State of California and under the penalty of perjury, I hereby declare that the information provided is true and correct.  
enter title of qualified profession