



## Washington State Ferries Disability Travel Permit Application Packet

### Introduction

The Washington State Ferries (WSF) Disability Travel Permit allows qualifying customers to receive reduced passenger fares on any route. This permit is free and is only valid on WSF routes. The discount applies only to passenger fares, vehicle fares are never discounted.

If you have current forms of any of the below identification cards, you may use these to receive a discount and do not need an additional WSF Disability Travel Permit:

1. Regional ADA paratransit card
2. Regional Reduced Fare Permit
3. Medicare card
4. Seattle Flash Card
5. ID card that is issued with accessible parking placards (NOT the placard itself)

*NOTE:* Veteran's Administration ID Cards and award letters are not accepted as a credential establishing disability.

### How to apply

1. The applicant should complete the Certification of Eligibility Section on Page 2.
2. The applicant will then take the application packet to one of the following Washington State Licensed health care providers:
  - Physician (M.D.)
  - Psychiatrist
  - Psychologist (Ph.D.)
  - Physician's Assistant (P.A.)
  - Advanced Registered Nurse Practitioner (A.R.N.P.)
  - Audiologist certified by the American Speech–Language–Hearing Association
  - Osteopathic Physician (D.O.)

Signatures of Health Care Providers other than these are not accepted.

3. The approved health care provider should review the Health Care Provider Medical Eligibility Criteria & Conditions (Pages 3-6) to determine whether a particular individual qualifies as a person with a disability under the Americans with Disabilities Act (ADA).
4. The health care provider should complete the Health Care Provider Verification Section (Page 7).
5. The applicant should email the completed packet **along with a copy of photo identification** to: [wslotada@wsdot.wa.gov](mailto:wslotada@wsdot.wa.gov)

## Washington State Ferries Disability Travel Permit Application Packet

### Certification of Eligibility

*To be completed by the applicant or guardian:*

#### Applicant's Release – Please Print

I hereby authorize the physician to release any information necessary to complete this certification. I understand that this information is confidential and shall not be released without my approval or a court order. I understand that Washington State Ferries (WSF) shall have the right and opportunity to verify my eligibility for a Disability Travel Permit. I understand that if any of the statements made on this application form are false or inaccurate, I will lose the privileges granted by the WSF Disability Travel Permit and be subject to criminal prosecution in accordance with Washington State Law for fraud (RCW #9A.56.020).

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone No. \_\_\_\_\_

Applicant's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: If applicant is unable to sign, guardian may sign for applicant.*

#### Title VI Notice to Public

It is Washington State Department of Transportation policy to ensure that no person shall, on the grounds of race, color, national origin, or sex, as provided by Title VI of the Civil Rights Act of 1964, be excluded from participation in, be denied the benefits of, or be otherwise discriminated against under any of its federally funded programs and activities. Any person who believes his or her Title VI protection has been violated, may file a complaint with WSDOT's Office of Equal Opportunity. For additional information regarding Title VI complaint procedures and/or information regarding our nondiscrimination obligations, please contact OEO's Title VI Coordinator: Oscar Cerda 360-705-7082.

#### Americans with Disabilities Act (ADA) Information

WSDOT is committed to providing equal access to its facilities, programs and services for persons with disabilities. The material contained in this document can be made available in an alternate format by emailing the WSDOT Diversity/ADA Affairs team at [wsdotada@wsdot.wa.gov](mailto:wsdotada@wsdot.wa.gov) or by calling toll free: 855-362-4ADA (4232). Persons who are deaf or hard of hearing may make a request by calling the Washington State Relay at 711.

## **Washington State Ferries Disability Travel Permit Application Packet**

### **Health Care Provider – Medical Eligibility Criteria & Conditions**

#### **Section 1 Non-Ambulatory Disabilities**

##### **1.1 Wheelchair-User.**

Impairments which, regardless of cause, require individuals to use wheelchairs.

#### **Section 2 Semi-Ambulatory Physical Disabilities**

##### **2.1 Reduced Mobility.**

Impairments which cause individuals to walk with difficulty including, but not limited to, individuals using a long leg brace, a walker or crutches to achieve mobility, or birth defects and other muscular/skeletal disabilities, including dwarfism, causing mobility restriction. Persons currently undergoing chemotherapy or radiation treatment are considered eligible for a permit under this subsection.

##### **2.2 Arthritis.**

Persons with arthritis causing a functional motor defect in any two major limbs. (American Rheumatism Association criteria may be used as a guideline for the determination of arthritic disability; Therapeutic Grade III, Functional Class III, or Anatomical State III or worse is evidence of arthritic disability.)

##### **2.3 Loss of Extremities.**

Persons with anatomical deformity of or amputation of both hands, one hand and one foot, or lower extremity at or above the tarsal region. Loss of major function may be due to degenerative changes associated with vascular or neurological deficiencies, traumatic loss of muscle mass or tendons, bony or fibrous ankylosis at unfavorable angle, or joint subluxation or instability.

##### **2.4 Cerebrovascular Accident.**

Persons displaying one of the following, four months post-CVA:

- a) Pseudobulbar palsy; or
- b) Functional motor defect in any of two extremities; or
- c) Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.

##### **2.5 Respiratory.**

Persons with respiratory impairment (dyspnea) of Class 3 or greater as defined by "Guides to the Evaluation of Permanent Impairment: The Respiratory System," Journal of the American Medical Association, 194:919 (1965).

##### **2.6 Cardiac.**

Persons with functional classification III or IV and therapeutic classifications C, D, or E cardiac disease as defined by Diseases of the Heart and Blood Vessels – Nomenclature and Criteria for Diagnosis, New York Heart Assoc. (6th Edition).

**2.7 Dialysis.**

Persons who must use a kidney dialysis machine.

**2.8 Disorders of Spine.**

Persons with one or more of the following:

- a) Fracture of vertebra, residuals or, with cord involvement with appropriate motor and sensory loss; or
- b) Generalized osteoporosis with pain, limitation of back motion, paravertebral muscle spasms, and compression fracture of vertebra; or
- c) Ankylosis or fixation of cervical or dorsolumbar spine at 30 degrees or more of flexion measured from the neutral position and one of the following:
  - 1) Calcification of the anterior and lateral ligaments as shown by x ray; or
  - 2) Dilateral ankylosis of sacroiliac joints and abnormal apophyseal articulation as shown by x-ray.

**2.9 Nerve Root Compression Syndrome.**

A person with a disability due to any cause by:

- a) Pain and motion limitation in back of neck; and
- b) Cervical or lumbar nerve root compression as evidenced by appropriate radicular distribution of sensory, motor and reflex abnormalities.

**2.10 Motor.**

Persons with a disability due to one or more of the following:

- a) Faulty coordination or palsy from brain, spinal or peripheral nerve injury; or
- b) A functional motor deficit in any two limbs; or
- c) Manifestations significantly reducing mobility, coordination and perceptiveness not accounted for in prior categories.

**2.11 HIV Disease.**

A person with HIV disease who meets Social Security eligibility criteria or who meets Washington State (GAU/Welfare) medical criteria.

**Section 3 Visual Disabilities****3.1 Visual Acuity/Field.**

Persons with:

- a) Visual acuity of 20/200 or less in the better eye with correcting lenses; or
- b) Contraction of visual field:
  - 1) So the widest diameter of visual field subtending an angular distance is no greater than 20 degrees; or
  - 2) To 10 degrees or less from the point of fixation; or
  - 3) To 20 percent or less visual field efficiency.

**3.2 DMV Restrictions.**

a) Persons who, by reason of a visual impairment, do not qualify for a Driver's License under regulations of the Washington State Department of Motor Vehicles.

## **Section 4 Hearing Disabilities**

### **4.1 Hearing & Speech Discrimination.**

Persons with hearing impairments manifested by one or more of the following:

- a) Better ear pure tone average of 90 dB HL (unaided) for tones at 500, 1000, 2000 Hz; or
- b) Best speech discrimination score at or below 40% (unaided) as measured with standardized testing materials.

### **4.2 Eligibility Certification.**

Eligibility may be certified by a physician licensed by the State of Washington or by an audiologist certified by the American Speech-Language-Hearing Association.

## **Section 5 Neurological Disabilities**

### **5.1 Epilepsy.**

- a) Persons who have had any seizure with loss of awareness within the last six (6) months).
- b) Persons exhibiting seizure-free control for a continuous period of more than six (6) months duration are not included in the statement of epilepsy defined in this section.

### **5.2 Neurological Disability.**

Persons with cerebral palsy, multiple sclerosis, muscular dystrophy, or other neurological and physical impairments not controlled by medication.

## **Section 6 Mental Disabilities**

### **6.1 Developmental Disabilities – Permanent Permit.**

Persons with cognitive or intellectual disability, autism or other conditions found to be closely associated with cognitive or intellectual disability or to require treatment similar to that required by persons with cognitive or intellectual disability and:

- a) The disability originates before such individual attains age 18;
- b) The condition has continued, or can be expected to continue, indefinitely,
- c) The condition substantially limits one or more major life activities on an ongoing basis.

### **6.2 Adult Cognition Impairments – Permanent Permit.**

Persons whom by reason of traumatic brain injury, illness or other accident experience occurring after age 18 experience ongoing impairment(s) in cognition that substantially limit(s) one or more major life activities, including individuals who meet SSA, SSI or SSDI eligibility criteria.

### **6.3 Serious Persistent (Chronic) Mental Illness – Permanent Permit.**

Individuals with a mental illness with symptoms chronic in nature who experience a significant limitation in their ability to take part in major life activities **and** who meet one of the following:

- a) Having a mental disorder diagnosis based on criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM);

- b) Living in a group/boarded home setting, receiving state or federal financial assistance and participating in a state or federally funded work activity center or workshop;
- c) Permanently placed in a supervised or supported living arrangement;
- d) Addressing mental health needs by participating in any training/rehabilitation program or therapy established under federal, state, county, Regional Support Network or city government agency.

**6.4 Serious Mental Illness (Acute at-risk) – Temporary Permit**

Individuals with a mental illness who are currently experiencing a significant limitation in their ability to take part in major life activities **and** who meet one of the following:

- a) Having a mental disorder diagnosis based on criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM);
- b) Living in a group/boarded home setting, receiving state or federal financial assistance and participating in a state or federally funded work activity center or workshop;
- c) Living at home under supervision and participating in a state or federally funded state or federal work activity center or workshop;
- d) Addressing mental health needs by participating in any training/rehabilitation program or therapy established under federal, state, county, Regional Support Network or city government agency.

## Washington State Ferries Disability Travel Permit Application Packet

### Health Care Provider Verification

To be completed by the following approved health care provider:

#### Washington State Licensed:

- Physician (M.D.)
- Psychiatrist
- Psychologist (Ph.D.)
- Physician’s Assistant (P.A.)
- Advanced Registered Nurse Practitioner (A.R.N.P.)
- Audiologist certified by the American Speech–Language–Hearing Association
- Osteopathic Physician (D.O.)

**Signatures of Health Care Providers other than these are not accepted.**

1. This applicant must meet at least one of the criteria and conditions listed in the *Medical Eligibility Criteria and Conditions* section.
2. The specific Medical Eligibility Criteria number must be noted in the space provided.
3. If section 6.4 is used, this person must be diagnosed by you as being “Acute-at-risk.” The appropriate subsection (a, b, c, or d) must be included along with the name and phone number of the work activity center, training, or rehabilitation program in which this patient is currently a patient.

**Note:** An applicant’s enrollment in a drug or alcohol rehabilitation program does not, in and of itself, meet eligibility requirements.

4. An applicant’s financial situation has no bearing on eligibility.

I certify that \_\_\_\_\_ meets the Medical Eligibility Criteria \_\_\_\_\_  
Section, subsection

If section 6.4 (a, b, c, or d) enter name of qualifying program: \_\_\_\_\_

#### Please check the appropriate boxes:

The disability is temporary.    No    Yes    If yes, expected duration: \_\_\_\_\_

This applicant requires a Personal Care Attendant.    No    Yes  
If yes:    Temporary through: \_\_\_\_\_    Permanent

#### Verification of Approved Health Care Provider — Please Print

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Provider or Agency Address \_\_\_\_\_

Washington State License No. \_\_\_\_\_

*I understand that if any of the statements made on this application form are false or inaccurate, I will be subject to criminal prosecution if accordance with Washington State Law for fraud (RCW #9A.56.020).*

Healthcare Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

**Original Signature Only**