

650 San Benito St., Suite 120 Hollister, CA 95023 831.637.7665

www.SanBenitoCountyExpress.org

Courtesy Card Application

The County Express Courtesy Card entitles the cardholder to receive a discount on County Express bus passes and tokens. The Card only indicates that the cardholder qualifies for the discount fare based on age and/or a disability. It <u>does not</u> mean the cardholder is eligible for Paratransit service. Eligibility determination and notification will occur within 7 to 10 business days. Upon expiration, cardholders are required to submit a new application form for recertification. *Information submitted for the Courtesy Card will be kept strictly confidential.*

Part 1: Instructions

- A. Fill out Part 2, 3, and 4 completely.
- B. Submit the completed application, a photo ID, and acceptable documents (listed in Part 3) verifying your eligibility <u>in-person</u> to the Local Transportation Authority Office at 650 San Benito St., Suite 120 in Hollister, California. Incomplete or mailed applications will not be processed. If you have any questions, call the Local Transportation Authority at 831.637.7665.
- C. If your eligibility category requires a note from your physician or caseworker, you must obtain the note <u>before</u> submitting the application. The documentation must be submitted at the same time of the application.

Part 2: General Information	
Full Name (First, Middle, Last):	
Street Address:	
City:	Zip:
Daytime Phone:	Evening Phone:
Language: English Spanish Other:	
If your mailing address is not the same as above, please provide below:	
Street Address:	
City:	Zip:

Part 3: Eligibility Category Check only one category. Verification is required and a list of acceptable documentation is listed below. Documents must be submitted at the same as the application in person. Under the age of 17 Over the age of 65 Medicare Recipient Birth Date:_____ Birth Date: Developmental Disability Cognitive/Mental Disability Physical Disability Category **Acceptable Documents** Identification Card; Driver's License; Passport; Birth Certificate; Elementary and Middle Student School Identification; or any other official documents with Age name and date of birth Medicare Card, Physician's or Caseworker note confirming disability, DMV Placard, Service Connected Disability ID Card, VA Certification, or other Disability California Transit Agency (i.e. Regional Transit Connection, Paratransit Eligibility Card, etc.) Medicare Card Medicare Part 4: Application Certification I certify that the information in this application is true and correct. I understand that falsification of the information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to those who perform the services. I understand that the Courtesy Card only certifies eligibility for a discount fare and does not entitle eligibility for Paratransit service. Applicant/Guardian's Signature Date Do Not Write Below This Line Card Number: Status: ☐ Approved ☐ Denied Date Received: Default Date: Expiration Date: Application Received: ☐ Complete ☐ Incomplete Processed and Approved By:

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Document Submitted: