

DISABLED DISCOUNT PASS APPLICATION

State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION

The Disabled Discount Pass entitles its bearer to a 50% discount for use of all basic facilities (including day use parking, camping, and boat/day use parking fees) at any unit of the California State Park System operated by the State Department of Parks and Recreation (DPR), except Hearst San Simeon SHM. The discount does not apply to fees under \$2.00 or supplementary fees, and cannot be used with any other discount or pass program. The holder is not assured of space; use of facilities is on a first-come, first-served basis when space is available unless reservations are made in advance. To receive the discount, the pass and a driver's license (or other suitable proof of identification) must be presented at the entrance station.

The cost of the pass is \$3.50. The pass is nontransferable and may be revoked at any time for misuse. Replacement passes will be issued through reapplication only.

To qualify, a person must possess one of the disabilities as defined on the reverse side of this form. Applicants must provide the Department of Parks and Recreation with one of the types of disability certifications listed in Section II below.

To apply, complete Sections I, II and IV of this application. A doctor must complete Section III only if you are qualifying by doctor's certification. Applications and payment may be presented in person at any DPR District Office, or the California Park Pass Sales Office at 3930 Seaport Blvd., West Sacramento, CA. Applications along with checks or money orders payable to the California Department of Parks and Recreation can be sent by mail to:

CALIFORNIA STATE PARKS
Attn: DISABLED DISCOUNT PASS PROGRAM
P.O. BOX 942896
SACRAMENTO, CA 94296-0001

Questions can be directed to CALIFORNIA STATE PARKS PASS SALES at 1-800-777-0369.

Information requested on this form is considered personal. See reverse for Privacy Notice.

I. APPLICANT INFORMATION

NAME (Print or type: Last, First, Middle Initial)	PHONE NO.
ADDRESS	
CITY/STATE/ZIP CODE	

II. CERTIFICATION TYPE

Check one:

- STATE REGIONAL CENTER CERTIFICATION (Attach copy)
- DEPARTMENT OF MOTOR VEHICLES (DMV) PERMANENTLY DISABLED PERSON IDENTIFICATION CARD FOR PARKING PLACARD OR DMV VEHICLE REGISTRATION CARD WITH DISABLED PERSON LICENSE NUMBER (Attach copy)
- SOCIAL SECURITY DISABILITY BENEFITS ELIGIBILITY VERIFICATION (Supplemental Security Income Payment Decision, or Social Security Award Certificate, or Medicare card and under the age of 65) (Attach copy)
- DOCTOR CERTIFICATION (Doctor must complete Section III)
- DISTRICT SUPERINTENDENT/FACILITIES SUPPORT, VISITOR SERVICES SECTION CERTIFICATION (Attach statement)

III. DOCTOR CERTIFICATION

DOCTOR'S NAME	PROFESSIONAL LICENSE NO.
BUSINESS ADDRESS	BUSINESS PHONE NO.
CITY/STATE/ZIP CODE	

I certify that the applicant has one of the disabilities defined on the reverse side of this form.

DOCTOR'S SIGNATURE AND DATE



IV. APPLICANT CERTIFICATION

I certify under penalty of perjury that the foregoing is true and correct.

APPLICANT'S SIGNATURE AND DATE



FOR DEPARTMENT USE ONLY

ISSUED BY	DISTRICT/SECTION/UNIT	DATE	PASS NO.
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DISABLED DISCOUNT PASS ELIGIBILITY REQUIREMENTS

For purposes of this program, a disabled person is defined as anyone who : 1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, and 2) has a current record of such impairment.

To be eligible for a Disabled Discount Pass, the applicant must possess one of the following disabilities:

DEVELOPMENTAL: Persons who meet the legal definition of, or have been identified as developmentally disabled. This includes autism, cerebral palsy, mental retardation, etc.

HEARING: Persons who have total deafness or are unable to hear with the aid of an assistance device on the level that meets the standards of the American National Standards Institute (ANSI), as determined by an audiometer.

MENTAL: Persons who have any mental disorder on the level of severity that restricts activities of daily living, social functioning, or concentration.

PHYSICAL: Persons who have any of the following physical disabilities:

- **Mobility:** Orthopedic impairments, amputations, or functional limitations where there is: 1) loss or significant impairment of one or both upper extremities; or 2) loss or significant impairment of one or both lower extremities; or 3) impairment of the trunk, back or spine that is a medically diagnosed disability which substantially limits one or more major life activities, impairs or interferes with mobility, or requires the aid of an assistance device for mobility.
- **Cardiovascular:** Severe cardiac impairment resulting from one of the three consequences of heart disease: 1) congestive heart disorder; or 2) ischemia with or without necrosis of heart muscle; or 3) conduction disturbances and/or arrhythmias resulting in cardiac syncope; or 4) chronic venous insufficiency, or peripheral arterial disease with intermittent claudication.
- **Respiratory:** Lung disease to such an extent that forced expiration volume at one second, when measured by spirometry, is less than one liter, or arterial oxygen tension (PO₂) is less than 60mm/HG on room air at rest. Also, persons with episodic asthma, chronic bronchitis, etc.
- **Neurological:** Multiple sclerosis and other neurological disorders such as epilepsy and parkinsonian syndrome

SPEECH: Persons who have a loss of speech from a glossectomy or laryngectomy, or from cicatricial laryngeal stenosis due to injury or infection that resulted in the loss of voice production by normal means.

VISUAL: Persons whose remaining vision in their better eye, after best correction, is 20/200 or less as measured by the Snellen Test. Also, persons with a substantial limited visual field, by visual efficiency and homonymous hemianopsia, etc.

PRIVACY NOTICE

Section 1798.17 of the Civil Code requires this notice be provided when collecting personal information from individuals. Each individual has the right to review personal information maintained by this agency, unless access is exempted by law.

AGENCY NAME	DIVISION
Department of Parks and Recreation	Park Operations
TITLE OF OFFICIAL RESPONSIBLE FOR MAINTENANCE OF THE INFORMATION	
Superintendent of Park Operations	
BUSINESS ADDRESS OF OFFICIAL	TELEPHONE NUMBER
1416 Ninth Street, Room 1431, P.O. Box 942896, Sacramento, CA 94296-0001	(916) 653-4272
AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION	
Public Resources Code Section 5010 (Amended by stats. 1983, Ch. 524, Sec. 3)	
THE FOLLOWING ITEMS OF INFORMATION ARE VOLUNTARY, ALL OTHERS ARE MANDATORY	
All information requested on the application is mandatory.	
THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION	
The applicant will not be issued a Disabled Discount Pass.	
THE PRINCIPAL PURPOSE(S) WITHIN THE AGENCY FOR WHICH THE INFORMATION IS TO BE USED	
The information will be used to determine eligibility for issuance of Disabled Discount Passes allowing 50% discount for use of all basic facilities in state operated units of the State Park System. Applications will be retained one calendar year plus prior calendar year for audit purposes, statistical data, and evaluation of the program.	
KNOWN OR FORESEEABLE DISCLOSURES OF THE INFORMATION PURSUANT TO CIVIL CODE SECTION 1798.24, SUBDIVISIONS (e) OR (f)	
Departmental Audits Office or Human Rights Office	

NOTICE TO EMPLOYEES: The information entered on this form is classified as "personal" under the Information Practices Act (Civil Code Section 1798). The Department's Legal office should be consulted before any disclosure is made.