Santa Cruz METRO Older Adult Discount and Youth Cruz Free Verification

ID Request Type: ☐ SENIOR ☐ DISABLED ☐ PARACRUZ ☐ **YOUTH**

For Discount Bus Fares: This form is to to be completed by individuals seeking Discounted Bus Fares on Santa Cruz METRO's Fixed Route Services by meeting the qualifying Older Adult age of 62 years and Older or by submitting proof of qualification based on Disability previously certified by another Transit or Government Agency or Program.

For FREE Youth Fares: This form is to be completed along with proof of current K-12 enrollment or proof of age 18 years of younger.

DISCOUNT FARE APPLICANT or YOUTH CRUZ FREE APPLICANT *(please print clearly)*

Last: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

PROOF OF ELIGIBILITY FOR SENIOR/YOUTH CRUZ FREE: *(check all that apply)*
CUSTOMERS ELIGIBLE FOR DISCOUNT FARE BASED ON AGE 62+ WILL BE ISSUED A PERMANENT E&D (*DISCOUNT*) IDENTIFICATION CARD.

☐ SENIOR PARACRUZ CLIENT/PARACRUZ ID#: _____

☐ SENIOR CITIZEN ID/DOB: _____

☐ DRIVERS LICENSE/DOB: _____

☐ PASSPORT/DOB: _____

☐ BIRTH CERTIFICATE/DOB: _____

☐ OTHER/DOB: _____

PCA ELIGIBLE: CHILD UNDER AGE 18:
☐ YES   ☐ NO   ☐ YES   ☐ NO

☐ **YOUTH**
NAME: _____
DOB: _____
PROOF OF CURRENT K - 12 ENROLLMENT:
_____

PROOF OF ELIGIBILITY FOR DISCOUNT FARE BASED ON PRE-CERTIFIED DISABILITY: *(check all that apply)*
IF THE PROOF SUBMITTED FOR ELIGIBILITY OF DISCOUNT FARE CONTAINS AN EXPIRATION DATE, CUSTOMER WILL BE ISSUED A TEMPORARY E&D (*DISCOUNT*) IDENTIFICATION CARD WITH THE SAME EXPIRATION DATE AS ON PROOD SUBMITTED.

☐ PARACRUZ CLIENT/PARACRUZ ID#: _____

☐ DMV PARKING PLACARD ID (*Paperwork not Placard*)

☐ DISC. FARE ID ISSUED BY ANOTHER TRANSIT AGENCY

☐ MEDICARE BENEFITS CARD (*Red, White and Blue*)

☐ SERVICE CONNECTED VETERANS ID CARD

☐ OTHER: _____

ELIGIBILITY EXP: _____

PARKING PLACARD ID EXP: _____

NAME OF ISSUING AGENCY: _____

EXPIRATION DATE (*If Applicable*): _____
PCA ELIGIBILE: CHILD UNDER AGE 18:
☐ YES   ☐ NO   ☐ YES   ☐ NO

PLACE ID/PROOF OF ELIGIBILITY PROVIDED BELOW AND COPY

PLACE ID/PROOF PROVIDED HERE FOR PHOTO COPY

PLEASE SIGN AND DATE

_____   _____
CUSTOMER SIGNATURE   DATE   CSR SIGNATURE   DATE