



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 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.

<input type="checkbox"/> SENIOR PARACRUZ CLIENT/PARACRUZ ID#: _____	<input type="checkbox"/> OTHER/DOB: _____	PCA ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	CHILD UNDER AGE 18: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> SENIOR CITIZEN ID/DOB: _____			
<input type="checkbox"/> DRIVERS LICENSE/DOB: _____	<input type="checkbox"/> YOUTH	NAME: _____	
<input type="checkbox"/> PASSPORT/DOB: _____		DOB: _____	
<input type="checkbox"/> BIRTH CERTIFICATE/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.

<input type="checkbox"/> PARACRUZ CLIENT/PARACRUZ ID#: _____	ELIGIBILITY EXP: _____
<input type="checkbox"/> DMV PARKING PLACARD ID (Paperwork not Placard)	PARKING PLACARD ID EXP: _____
<input type="checkbox"/> DISC. FARE ID ISSUED BY ANOTHER TRANSIT AGENCY	NAME OF ISSUING AGENCY: _____
<input type="checkbox"/> MEDICARE BENEFITS CARD (Red, White and Blue)	EXPIRATION DATE (If Applicable): _____
<input type="checkbox"/> SERVICE CONNECTED VETERANS ID CARD	PCA ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	CHILD UNDER AGE 18: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> OTHER: _____	

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 _____