



Disability Discount Pass Application

CONFIDENTIAL

For persons with permanent disabilities or U.S. veterans who have a service connected disability the Disability Discount Pass entitles the holder to a 50% discount of the standard adult passenger fare on AMHS ferries. If an attendant is recommended by a physician, then the attendant may also receive the discounted fare when s/he accompanies the pass holder. This reduced fare does not include vehicle, cabins or meals while onboard the ferry.

This pass is good for travel between Alaskan ports on all AMHS ferries. Please note that travel to and from Bellingham, WA and Prince Rupert, BC is not eligible for discounted travel under the disability discount pass program. Passes are valid for two years and will automatically expire unless the pass holder submits a timely renewal application that is approved by AMHS.

Application Instructions

To qualify, a person must possess one of the permanent disabilities as defined on Page 3 of this form, or be a veteran with a service connected disability. Please complete Sections 1, 2, and 4. Persons applying for a U.S. veteran disability pass will also need to complete Section 3. If an applicant is using a physicians' certification to qualify for this pass then a physician must complete Section 5. AMHS will not process an application that is incomplete.

Completed applications may be sent to the address below:

Email dot.amhs.customer@alaska.gov or Fax 907-465-8824

Alaska Marine Highway System
Disability Pass Desk
PO Box 112505
Juneau, AK 99811-2505
Phone: (907)465-3946

Please allow a minimum of 14 business days for processing.

Section 1. Applicant Information (Please type or print)

Select one (mandatory): New Application Renewal

Name: _____ Date of Birth: _____

(Full name is required including full middle name if applicable)

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Section 2. Identification and Certification

A COPY OF A VALID GOVERNMENT ISSUED ID WITH PICTURE MUST BE INCLUDED WITH THIS APPLICATION FOR ALL APPLICANTS INCLUDING THOSE APPLYING AS A U.S. VETERAN WITH A SERVICE CONNECTED DISABILITY. If applicant is less than 18 years of age, a parent or legal guardian may apply on their behalf and include a copy of the parent's or guardian's government issued photo ID.

Parent or Legal Guardian Name: _____

Phone: _____ Email: _____

Please check the box next to the method you applying with:

- 1. PHYSICIANS CERTIFICATION (A physician must complete **Section 5** on page 3); or
- 2. As a U.S. Veteran with a service connected disability (complete **Section 3**).

Section 3. U.S. Veterans

U.S. veterans with a service connected disability will need to provide a copy of one of the following (please check the box next to the document you are applying with):

- 1. A VETERAN'S HEALTH IDENTIFICATION CARD (VHIC) issued by the U.S. Department of Veterans Affairs and imprinted with "service connected disability"; or
- 2. A LETTER FROM THE U.S. DEPARTMENT OF VETERANS AFFAIRS, which states the person has a service connected disability and is signed by the Veteran Affairs Officer.

Please note that applicants wishing to include an attendant in their application must have **Section 5** of this form completed by a physician.

Section 4. Applicant Certification

By typing my name or signing this document, I agree to the following:

To abide by the Terms and Conditions of the AMHS Disability Discount Pass. In addition I understand that the information collected on this form is for the purpose of determining eligibility for the Disability Discount Pass with the Alaska Marine Highway System (AMHS); that only AMHS personnel who administer and enforce the disability discount pass program will have access to information collected in connection with my application; and that AMHS will not otherwise disclose this information to personnel unaffiliated with administration or enforcement of the disability discount pass program. I understand and agree that AMHS has the right to verify my eligibility at any time.

I affirm that all information given is true and complete. If at any time my condition of eligibility changes I will promptly notify AMHS and I understand my eligibility may cease until I requalify. I understand that fraud or abuse will result in denial of my pass privileges and could result in legal action, including criminal action and/or civil action to recover the value of ill-gotten benefits.

I have read and understand the information and instructions contained within this form. I realize that until my Disability Discount Pass application is approved, I will need to purchase the regular fare for passage on AMHS vessels.

I hereby authorize my Health Care Provider to release any information necessary to the Alaska Marine Highway System in determining my eligibility for the AMHS Disability Discount Pass program.

Applicant Authorization (type or sign to authorize): _____

Date: _____

AMHS Official Use Only

Approved Not Approved

Pass Issued By: _____ Date: _____

Customer Number: _____ Issued Pass Number: _____

Section 5. Physicians Certification

For the 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.

Pregnancy, obesity, alcoholism/drug addiction, contagious diseases and temporary disabilities do not qualify for the Disability Discount Pass.

To be eligible for the Disability Discount Pass, the applicant must possess one of the permanent disabilities as defined below:

PHYSICAL DISABILITIES: Persons who have any of the following:

MOBILITY- Amputation or anatomical deformity that results in the loss of major function. Or persons with an impairment that causes the inability to move without a mobility ambulation aid at all times.

CARDIOVASCULAR- Severe cardiac impairment that, in spite of medical treatment, there is possible breathless, pain or fatigue.

RESPIRATORY- Respiratory disease that is not self-limiting. Qualifying respiratory diseases are episodic asthma, chronic bronchitis, lung cancer, 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.

VISUAL: Persons whose remaining vision is 20/200 or less in both eyes with the use of corrective lenses. Also persons with a substantial limited visual field.

SPEECH: Persons with apraxia (developmental or acquired), aphasia or who have a loss of speech from an injury or infection that resulted in the loss of voice production by normal means.

DEVELOPMENTAL DISABILITIES: Persons who meet the legal definition of, or have been identified as developmentally disabled. This includes autism, cerebral palsy, mental retardation, etc. This also includes individuals who meet SSA, SSI, or SSDI eligibility criteria.

NEUROLOGICAL DISABILITIES: Persons disabled by cerebral palsy, multiple sclerosis, muscular dystrophy, epilepsy, parkinsonian syndrome or other neurological disorders.

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

Applicant/Patient Name: _____

Does the applicant require the assistance of an attendant to safely travel aboard an AMHS (ferry) vessel?

Yes No

Please be advised that medical services onboard AMHS vessels consist of first aid only.

Physician's Printed Name: _____

Business Phone: _____ Business Email: _____

Business Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

By typing your name or signing this document you certify that you are legally licensed by the State or Province in which you reside as a qualified health care professional and that the applicant listed above has one of the qualifying disabilities listed above.

Physician Certification (type or sign to certify): _____

Date: _____