



Eligibility Requirements

For purposes of this program, a permanently 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 an Access Membership, the applicant must possess one of the following permanent 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 restrict activities of daily living, social functioning, or concentration.

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

A. **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.

B. **Cardiovascular** – Severe cardiac impairment resulting from one of 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.

C. **Respiratory** – Lung disease to such an extent that force expiration volume at one second, when measured by spirometry, is less than one liter, or arterial oxygen tension (PO₂) is less than 60 mm/HG on room air at rest. Also, persons with episodic asthma, chronic bronchitis, etc.

D. **Neurological** – Multiple sclerosis and other neurological disorders such as epilepsy and Parkinsonian syndrome.

SPEECH – Persons who have a loss of speech from 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, visual efficiency and homonymous hemianopsia, etc.



SONOMA COUNTY REGIONAL PARKS DEPARTMENT

Access Membership Application

Phone (707) 565-2041 ♦ Fax (707) 579-8247

website: sonomacountyparks.org

e-mail: parks@sonoma-county.org

I. INSTRUCTIONS

The annual Access Membership entitles its bearer to day-use parking and discounts on camping fees. Service and guide dogs are permitted at no charge. **The cost of this membership is \$29 (price subject to change).** The membership is not transferable and may be revoked at any time for misuse. To qualify, you must have a permanent disability as defined in the Eligibility Requirements. Applicants must provide Sonoma County Regional Parks a permanent disability certification per Section III or Section IV below.

To apply, complete Sections II, III and V of this application and attach proof of disability as described (a doctor must complete Section IV **only** if you are qualifying with a doctor's certification that you are permanently disabled). Applications and payment may be presented in person or mailed with check, money order (made payable to County of Sonoma), or credit card information to:

Sonoma County Regional Parks, 2300 County Center Drive, Suite 120A, Santa Rosa, CA 95403

II. APPLICANT INFORMATION - *Applicants are hereby notified that this application is subject to disclosure under the California Records Act.*

Name (Last, First, Middle Initial – please print or type)	Daytime Phone No.
Address	
City / State / Zip	
E-Mail Address:	

III. CERTIFICATION TYPE (check one)

- State Regional Center Certification (attach copy)
- DMV Permanently Disabled Person Parking Placard (attach copy of placard registration)
- DMV Permanently Disabled Person Vehicle License Plates (attach copy of vehicle registration)
- SSI or SSDI Verification (attach copy of SSI Payment Decision or SSDI Award Certificate)
- Medicare Card - if under the age of 65 (attach copy of card and proof of age)
- Doctor Certification (Doctor must complete Section IV below)

IV. DOCTOR CERTIFICATION - *I certify that the applicant has one of the permanent disabilities defined on the reverse of this form.*

Doctor's Name	Professional License No.
Business Address	Business Phone No.
City / State / Zip	
Doctor's Signature & Date	
➤	Date:

V. APPLICANT CERTIFICATION - *I certify under penalty of perjury that I am permanently disabled and that the foregoing is true and correct.*

Applicant's Signature & Date	
➤	Date:

For Department Use Only

Issued by:	Date:
Remarks:	Membership No.: