

**FAIRBANKS NORTH STAR BOROUGH
IDENTIFICATION CARD FOR PEOPLE WITH DISABILITIES**

The following FNSB services/facilities offer free or reduced fees to card holders:

HAMME POOL, WESCOTT POOL OR MARY SIAH RECREATION CENTER

(This card DOES NOT authorize free entry or reduced fees to instructional programs, such as water aerobics, senior fitness and learn to swim programs)

THE BIG DIPPER RECREATION COMPLEX

PIONEER PARK TRAIN

MACS TRANSIT (does not include Van Tran)

Please check with the appropriate FNSB department for current fees.

To apply:

Fill out the top section of the **form THEN**

Have your **health care provider** complete the provider section of the form.

The health care provider MUST return the form to General Services via email to ada@fnsb.gov, or fax to 907-459-1100

* **Disabled Veterans** – the applicant may, optionally, provide a current VA letter with a 50% or greater disability rating.

* **Social Security** – applicant may, optionally, provide a current document from the SSA stating a permanent disability.

Replacement cards will be assessed a \$10.00 replacement fee

AFTER PHYSICIAN AUTHORIZATION IS RECEIVED, YOU MUST SCHEDULE AN APPOINTMENT TO PICK UP CARD AT 459-1000.

**APPTS ARE LOCATED AT:
907 TERMINAL ST
GENERAL SERVICES, 2ND FLOOR
MONDAY THROUGH FRIDAY 8AM TO 5PM
*PICTURE ID REQUIRED***

THE FAIRBANKS NORTH STAR BOROUGH IS SUBJECT TO THE ALASKA PUBLIC RECORDS ACT, AS 40.25.100 ET SEQ., AND THIS APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE UNDER STATE LAW.

**FAIRBANKS NORTH STAR BOROUGH
IDENTIFICATION CARD APPLICATION FOR PEOPLE WITH DISABILITIES**

Name: _____

Mailing Address: _____

Phone: (Home) _____ (Work) _____

Birth Date (M/D/YY) ____/____/____ Male _____ Female _____

Applicant's Signature _____

Date _____

HEALTH CARE PROVIDER USE ONLY

To be eligible for these services, a person must be disabled. A person with a disability is one who:

- Has a mental or physical impairment which substantially limits one or more of the persons major life activities: has a record of such an impairment: or is being regarded as having such an impairment.

NOTE: Temporary, non-chronic impairments that do not last for an extended period of time and that have little or no long-term impact, usually are not disabilities. Examples include broken limbs, sprains, strains, concussions, appendicitis, common colds or influenza.

Permanent cards expire every 3 years. If your expiration date has lapsed more than 1 year, a new application must be completed by your health care provider or provide current VA or SSA document.

ASSISTIVE DEVICES: Speech _____ Hearing _____ Visual _____ Wheelchair _____ Walker _____
Crutches _____ Cane _____ Service dog _____ Other _____

Does applicant require assistance from a **personal aide** for basic medical, hygiene or safety? Yes _____ No _____

HEALTH CARE PROVIDER NAME: _____

MEDICAL FACILITY: _____

ADDRESS: _____ PHONE # _____

I _____, hereby certify that I am an Alaskan licensed health care
Provider's name (PLEASE PRINT)

provider (or Certified Audiologist) and that _____ is permanently _____
Patient's name (PLEASE PRINT)

or temporarily _____ (estimated length of time) _____ disabled as defined above.

Signature _____

Date _____

Occupational License Number _____

**Form must be signed and returned by Health Care Provider to the Fairbanks North Star Borough.
Email to ada@fnsb.gov or fax to 907-459-1100.**

For Borough use only:

REC DATE: _____ **Call Date:** _____

Alternate Proof Confirmed(circle one) **SSA** **VA** **INITIALS:** _____

Issued: _____ **Expires:** _____ **Card Number:** _____