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**

**PIioneer 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 (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: __________________________

Revised 09/09/20