



Application for Certifying Agency Status

Kansas City Area Transportation Authority PERSONS WITH DISABILITIES REDUCED FARE PROGRAM

Agency Name: _____

Address: _____
(Street) (City) (State) (Zip)

Administrator: _____ Phone: _____
(Title)

1. Please describe the type of individual served by your agency and explain the nature and extent of the disability (for example, do you work with individuals who are blind, mentally retarded, have restricted mobility, etc.).

2. Please describe the services offered by your agency.

3. Do you have a medical doctor on your staff? Yes No

If so, his/her name _____

4. Have you been previously accepted as a certifying agency for the Disabled Persons Reduced Fare Program of the Kansas City Area Transportation Authority? Yes No

5. Approximately how many persons involved in your program will qualify for the Disabled Persons Program? _____

6. Are you affiliated with any of the group homes in the Kansas City area? Yes No

Please list. _____

7. If accepted as a certifying agency, who are the two persons who will certify individuals for the reduced fare program? (Please include an M.D. if on staff.)

(Name)

(Name)

(Title)

(Title)

QUALIFYING CRITERIA AND AGREEMENT TO CONDITIONS

With this application, the undersigned requests status as a certifying agency for the Kansas City Area Transportation Authority and agrees to certify only those individuals who meet the eligibility criteria listed on the back of this form.

(Signature)

(Title)

K.C.A.T.A. Use Only	
Date Received	_____
Reviewed by	_____
Date Approved	_____
Eff. Date	_____ Exp. Date _____
L _____	

CRITERIA TO BE ELIGIBLE FOR DISABLED PERSONS REDUCED FARECARD PROGRAM

TO BE CONSIDERED DISABLED under The Metro's Disabled Persons Program your client/patient must have a physical or mental condition that falls within the medical eligibility criteria listed below. Check all that apply.

Is this disability permanent? Yes No

A. NON-AMBULATORY DISABILITIES

- 1. Impairments which require the individual to use a wheelchair.

B. SEMI-AMBULATORY PHYSICAL DISABILITIES

- 1. Restricted mobility. Disabilities requiring the use of a cane, crutches, long leg braces or other orthopedic appliances to assist an individual in moving about.
- 2. Arthritis. American Rheumatism Association criteria may be used as a guideline for the determination of arthritic handicap; Therapeutic Grade III, Functional Class III, or Anatomical State III or worse is evidence of arthritic disability.
- 3. Loss of extremities. Anatomical deformity of, or amputation of both hands, one hand and one foot, or loss of major function.
- 4. Cerebrovascular accident. Ongoing debilitating effects following occurrence of cerebrovascular accident.
- 5. Cardiopulmonary disease. Serious loss of heart or lung reserves as shown by x-ray, EKG or other tests and in spite of medical treatment there is breathlessness, pain or fatigue.
- 6. Dialysis. Individual who must use a kidney dialysis machine in order to live.
- 7. Other. Please specify. _____

C. VISUAL DISABILITIES

- 1. Legally blind. Visual impairment that is bilateral and not correctable with lenses.
- 2. Contraction of visual field. Persons whose widest diameter of visual field subtends an angular distance of 20 degrees, less than 10 degrees from point of fixation, or whose visual field efficiency is 20 degrees or less.

D. HEARING DISABILITIES

- 1. Legally deaf. Hearing impairment that is bilateral and not correctable with hearing aid.

E. MENTAL DISABILITIES

- 1. Developmentally disabled. Mental disability that originates before age 18.
- 2. Adult mental retardation.
- 3. Epilepsy. Grand mal or Psychomotor. Persons who are seizure-free for a continuous period of six months are disqualified.
- 4. Autism. Monotonously repetitive motor behavior, severe withdrawal, inappropriate response to stimuli and very inadequate social relationships.
- 5. Neurological disabilities. Neurological and physical impairments not controlled by medication (i.e. cerebral palsy or multiple sclerosis).
- 6. Organic brain syndrome/emotionally disturbed. Mental disturbances that require boarding or care home, funded work activity or workshop.

F. DISABILITY BENEFIT RECIPIENT

- 1. Medicare cardholder. (Please send a copy of your Medicare card.)
- 2. Disabled veteran certified at 50 percent disabled or greater.