

## RideKC Freedom Special Edition

## Reduced Fare Application (Please print clearly)

Is this	is a renewal Reduced I	Fare Application?	?	YES 🗌	NO 🗌
	Are you 65 years of age or older? Income guidelines listed in application			YES	NO
	instructions.				
	Disabled:				
	If you are disabled and under the age of 65, you <u>must</u> enclose a statement				
	from your physician stating the nature of your disability. If you use oxygen, or if a Personal Care Attendant (PCA) is needed for travel, it must be				
		YES	NO		
	included in the statement. Income guidelines listed in application instructions.			163	NO
	Applying as a low-income/reduced fare rider only?			YES	NO
	Income guidelines listed in application instructions.				
		APPLICANT II	NFORMATION		
ull Nam	ie:				
	Last	First	M.I.	Date	of Birth
Address:					
adi ess.	Street Address			Anar	rtment/Uni
				. 4	
	City		State	ZIP C	Code
Phone:		E	mail:		
Do you:	:				
Use a sta	andard wheelchair?	YES NO	Use a three-wheeled scoote	er?	YES N
Use an electric wheelchair?		YES NO	Use oxygen? (physician lette		YES NO
USE all e	electric write-itriair:		Ose oxygen: (physician letti	er requireu,	
Have a visual impairment?		YES NO	*Require a Personal Care At	tendant?	YES NO
	*If you require a Person	al Care Attendant (PC	CA), it must be included in the ph	ysician statem	ient.
	EMER	GENCY CONT	ACT INFORMATION		
ull Nam	ie:				
	Last	First	M.I.	Relat	ionship
Address:					
	Street Address			Apar	tment/Unit
	City		State	ZIP C	ode
	•				
Ohono			Call		

## REDUCED FARE REQUEST INFORMATION

Please complete the following information if you are requesting a reduced fare rate. To determine qualification for the reduced fare program, refer to the table below. The monthly income for appropriate household size is the maximum income allowable to be eligible for low-income status.

Applications for reduced fare <u>must</u> include proof of all household income. Household is defined as all persons who are related and living under the same roof, such as parents, children, siblings, and extended family members. This includes adult children living with their parents; in this situation, the parents' income statements as well as applicant's income statement must be submitted to determine eligibility for reduced fare. If an applicant does not qualify financially, but otherwise qualifies, the application will be processed as regular fare for RideKC Freedom Special Edition. *Please allow 7-21 business days for processing*.

## **REDUCED FARE INCOME GUIDELINES**

HOUSEHOLD SIZE	MONTHLY INCOME
1	\$1,225
2	\$1,650
3	\$2,075
4	\$2,500
5	\$2,925
6	\$3,350
7	\$4,719
8	\$5,250

You <u>must</u> verify total gross monthly household income. Sources of documents to include with application: Current paycheck stubs, unemployment, workers compensation, welfare assistance, bank statements, SSI or Social Security statements, retirement funds, pensions and or any other financial statements for the <u>past 30 days</u>.

a)	 Number in Household.
b)	\$ per month from Social Security Benefits.
c)	\$ per month from Supplemental Security Income or SSDI
d)	\$ per month from Earned Income.
e)	\$ per month from Pension/Annuity.
f)	\$ per month from Financial Assets.
g)	\$ per month from Alimony/Child Support payment.
h)	\$ per month from ADC.
i)	\$ per month from Other
	\$ Total Gross Monthly Income.

SPECIAL NEED	S INFORMATION
Please use this space to notify RideKC of any spec	ial needs regarding transportation.
PROCESSIN	G INFORMATION
	You will receive a photo ID card. Please print and return photo and a physician's statement, if applicable, to the
	om Special Edition
	Fare Processing 18 <sup>th</sup> Street
	ty, MO 64108
You can also email the photo and application/docume	ents to: <a href="mailto:specialedition@kcata.org">specialedition@kcata.org</a> .
Incomplete application	ons will delay processing
DISCLAIME	R & SIGNATURE
Edition Reduced Fare Program and would like to enrol	s, guidelines, and policies of the RideKC Freedom Special l. I certify that my answers are true and correct to the best formation will result in termination of my participation in
Signature:	Date:
Signature of guardian, If	
any:	Date: