

RideKC

Kansas City Area Transportation Authority
1200 E. 18th St.
Kansas City, MO 64108
816-221-0660

Persons with Disabilities

Reduced Farecard Application
Expires: 3 years from Issue Date

Reduced Farecard Application

Please print legibly

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Initial
<input type="text"/>		<input type="text"/>
Street Address		Apt. #
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> - <input type="text"/> - <input type="text"/>
Phone Number	Check one	Month Day Year
		Social Security No. (Last four digits)
<input type="text"/>		
Email (optional)		

Preferred method of contact:

Email
 Text Message --
 Mail

For Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card No.	Sticker No.	Receipt No.	Issue Date	Amount Paid	Issuer

Revocation

Reasons: _____
Incident No. _____
Additional Notes _____

Check the appropriate box and sign below:

- First Card.** If you have not had a Persons with Disabilities Reduced Fare Card before, check this box. Complete the information above and enclose **\$1 cash or money order. You must have your physician or other qualifying certifying agent complete and sign the Physician Form or enclose a copy of your Medicare Card, except for replacements. No checks accepted.**
- Renewal Card.** If your farecard is expiring this year check this box. Complete the information above and **enclose \$1 cash or money order. No checks accepted. Send cash or money order.**
- Replacement Card.** If you have lost your farecard, or if your card was stolen, check this box. A replacement card costs \$5 the first time, \$10 the second time or \$15 the third time. Additional replacements after the fourth card will be at the discretion of the issuing agent. **Certification is not required for replacement cards.** Enclose correct fee with application. **Send cash or money order. No checks accepted.**

No Reduced Farecards will be issued over the counter.

I understand that my Persons with Disabilities Reduced Farecard is **not transferable to other persons** and RideKC reserves the right to determine qualifications for issuing cards in accordance with the terms and conditions stated on the Physician Form. This card is valid for three years from issue date.

Signature

Date

Return this completed application and the correct fee in cash or money order to the Kansas City Area Transportation Authority. No checks accepted.

If you are applying for your first reduced farecard, the Physician Form must be completed and signed by your physician or other certifying agent, OR you may mail a copy of your Medicare Card with your application. (State Medicaid does not qualify.)

Medicare Card Holders may also ride RideKC for half-fare, and will need to present their Medicare Card when using a 31-Day Pass or paying a cash fare.

To qualify for KCATA's Persons with Disabilities 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
If no, how long? _____

Has condition existed for at least 90 days? Yes No

A. Non-Ambulatory Disabilities

Impairments which require the individual to use a Wheelchair.

B. Semi-Ambulatory Physical Disabilities

1. Restricted mobility. Disabilities requiring the permanent use of a cane, crutches, long leg brace 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 disability; Therapeutic Grade III, Functional Class III, 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, or Cerebral Palsy.

5. Cardio-pulmonary 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. Acquired Immune Deficiency Syndrome (AIDS)/HIV+.

8. 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, or less than 10 degrees from point of fixation; or whose visual field efficiency is 20 degrees or less.

D. Hearing Disabilities

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, or bipolar. Mental disturbances that require boarding or home care, funded work activity or workshop.

7. Schizophrenia

F. Disability Benefit Recipient

1. Medicare Cardholder. (Please send a copy of your Medicare Card. State Medicaid recipients do not qualify.)

2. Disabled veteran certified at 50 percent or greater.

KCATA reserves the right to confiscate a reduced farecard that has been used improperly. Reduced farecards should not be loaned or borrowed. A confiscated card will not be returned or replaced. The individual may reapply after the program expiration date. This application is the property of KCATA.

Please Print Physician's Name or Certifying Agency Agency Code Number

Address

_____-_____
Area Code

Physician's State License No. Required

Due to the disability indicated above, I hereby certify that the applicant is disabled as defined by the above criteria and best of my knowledge the above information is true and correct.

Authorized Signature