Reduced Fare Application (Please print clearly)

Is this a renewal Reduced Fare Application?  

<table>
<thead>
<tr>
<th>Option</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you 65 years of age or older? Income guidelines listed in application instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you are disabled and under the age of 65, you <strong>must</strong> 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 included in the statement. Income guidelines listed in application instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applying as a low-income/reduced fare rider only? Income guidelines listed in application instructions.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**APPLICANT INFORMATION**

Full Name:  

Last  
First  
M.I.  
Date of Birth  

Address:  

Street Address  
Apartment/Unit #  

City  
State  
ZIP Code  

Phone:  

Email:  

Do you:  

<table>
<thead>
<tr>
<th>Option</th>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use a standard wheelchair?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use a three-wheeled scooter?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use an electric wheelchair?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use oxygen? (physician letter required)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a visual impairment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Require a Personal Care Attendant?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If you require a Personal Care Attendant (PCA), it must be included in the physician statement.

**EMERGENCY CONTACT INFORMATION**

Full Name:  

Last  
First  
M.I.  
Relationship  

Address:  

Street Address  
Apartment/Unit #  

City  
State  
ZIP Code  

Phone:  

Cell:  

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RideKC Freedom Special Edition
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 **must** 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 REQUEST INFORMATION

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>MONTHLY INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,225</td>
</tr>
<tr>
<td>2</td>
<td>$1,650</td>
</tr>
<tr>
<td>3</td>
<td>$2,075</td>
</tr>
<tr>
<td>4</td>
<td>$2,500</td>
</tr>
<tr>
<td>5</td>
<td>$2,925</td>
</tr>
<tr>
<td>6</td>
<td>$3,350</td>
</tr>
<tr>
<td>7</td>
<td>$4,719</td>
</tr>
<tr>
<td>8</td>
<td>$5,250</td>
</tr>
</tbody>
</table>

You **must** 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 **past 30 days**.

- 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 NEEDS INFORMATION**

Please use this space to notify RideKC of any special needs regarding transportation.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

**PROCESSING INFORMATION**

*Please note:* All applications now require a photo. You will receive a photo ID card. Please print and return completed form including the above documentation, photo and a physician’s statement, if applicable, to the certifying agency:

RideKC Freedom Special Edition
Reduced Fare Processing
1200 E. 18th Street
Kansas City, MO 64108

You can also email the photo and application/documents to: specialedition@kcata.org.

**Incomplete applications will delay processing**

**DISCLAIMER & SIGNATURE**

*I have reviewed and fully understand the qualifications, guidelines, and policies of the RideKC Freedom Special Edition Reduced Fare Program and would like to enroll. I certify that my answers are true and correct to the best of my knowledge. I understand that providing false information will result in termination of my participation in the Reduced Fare Program.*

Signature: ___________________________ Date: ______________

Signature of guardian, if any:

______________________________ Date: ______________