

Reduced Fare Application (Please print clearly)

Is this is a renewal Reduced Fare Application? YES NO

➤ Are you 65 years of age or older? Income guidelines listed in application instructions.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
➤ Disabled: If you are disabled and under the age of 65, you must 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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
➤ Applying as a low-income/reduced fare rider only? Income guidelines listed in application instructions.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

APPLICANT INFORMATION

Full Name: _____
Last *First* *M.I.* *Date of Birth*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Phone: _____ Email: _____

Do you:

Use a standard wheelchair?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Use a three-wheeled scooter?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Use an electric wheelchair?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Use oxygen? (physician letter required)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have a visual impairment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*Require a Personal Care Attendant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

*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: _____

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 **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 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 **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: _____