



**TOPEKA METRO**

# REDUCED FARE ID APPLICATION FORM

**For Persons with Disabilities  
or Medicare Recipients**

The holder of a Topeka Metro Reduced Fare ID Card is entitled to pay a reduced fare (using cash, cards, or passes) for fixed route bus service. This card does not entitle the holder to Lift paratransit services. **The Reduced Fare ID Card MUST be shown to the operator upon boarding the bus.**

## **Eligibility**

The fixed route Reduced Fare Program is designed for:

- Persons with disabilities
- Medicare recipients
- Persons age 65 and older
- Low income individuals
- Persons age 5 through 18

This application is specifically for those with a disability or who have Medicare. A transportation disability is any incapacity or disability which prevents an individual from using transportation facilities and services as effectively as persons not so affected. There is a different application for seniors and low income. An application is not required for youth ages 5 through 18.

## **If you are a Medicare recipient**

Medicare recipients are automatically eligible for Reduced Fare program privileges, however you must apply for a Topeka Metro Reduced Fare ID Card. The Medicare card is not acceptable as ID when boarding a bus to verify eligibility for reduced fare privileges. To apply for a Topeka Metro ID card, follow steps 2 and 3 listed below. All Reduced Fare Program policies will apply. Automatic eligibility does not apply to Medicaid recipients.

## **To apply for a reduced fare ID card**

1. Applicants with a disability must complete both Parts A **and** B of the Reduced Fare ID Application Form. Part B must be completed, signed and stamped by the applicant's physician or a representative of a medical institution or social service agency legally qualified to document certification of disability. All information received will remain confidential.
2. Medicare recipients complete and submit **only** Part A. Applicant must show their valid Medicare card and one form of picture identification when obtaining their ID. A copy of both must be attached to the application.
3. When completed, return the form and required documents to:
  - Topeka Metro Quincy Street Station
  - 820 S.E. Quincy
  - Topeka, KS 66612

## **Issuing the card**

1. Topeka Metro will process Reduced Fare ID applications in a timely manner upon receiving the properly completed forms.
2. You will need to have your Topeka Metro Reduced Fare photo ID card made at the Quincy Street Station, 820 SE Quincy. You will be required to show any required identification at that time in order to have your card created. New photo ID cards are issued from 8:00 a.m. to 5:30 p.m. Monday through Friday.
3. When possible, if a fully completed application is brought to Quincy Street Station, it will be processed while you wait. However, you may also call ahead at 785-783-7000 for an appointment to reduce your waiting time. If the application form is sent in by mail, the application will be held on file until the applicant comes to Quincy Street Station to have their card created.

## **Cost**

The initial card is free of charge. A \$2.00 fee will be charged for any Reduced Fare ID card replaced within the first year of issuance.

## **Card Replacement**

1. Report lost or stolen cards immediately to Topeka Metro by calling 785-783-7000.
2. To receive a replacement Reduced Fare ID Card, the cardholder must fill out a Replacement Application form available at the Quincy Street Station or by calling 785-783-7000 to receive one by mail. The form can also be downloaded at [www.topekametro.org](http://www.topekametro.org).
3. Submit your Replacement Application and \$2.00. The request will be processed, and a replacement card will be issued. You may be asked to come into Quincy Street Station to have a new photo taken.

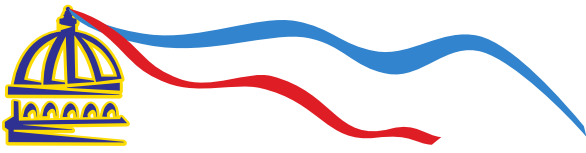
## **Guidelines**

In accordance with official policy, Topeka Metro reserves the right to determine qualifications for special fare programs. A Reduced Fare ID Card will not be issued if the applicant fails to provide Topeka Metro with properly completed application forms, picture identification, certification of proof of disability, or correct payment for replacement cards.

A Reduced Fare ID Card is not to be loaned to or borrowed by others. Topeka Metro reserves the right to confiscate a Reduced Fare ID Card which has been used improperly. A fee of \$30 will be charged for the replacement of confiscated cards.

## **Questions**

If you have questions regarding certification for Reduced Fare eligibility or procedures for obtaining a Reduced Fare ID Card, call customer service at 785-783-7000.



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# REDUCED FARE ID APPLICATION FORM

**For Persons with Disabilities  
or Medicare Recipients**

## **PART A** **To be completed by applicant**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Apt \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Medicare recipients:** Complete only Part A and attach a photocopy of your Medicare card and a photocopy of one form of picture ID to this form or bring these items with you to Quincy Street Station when having your picture ID created.

**I AGREE TO** the release of information to Topeka Metropolitan Transit Authority (Topeka Metro) for the purpose of obtaining reduced fare eligibility certification. I hereby certify information on this form is true and desire the Reduced Fare ID Card for my personal use only. I understand my Reduced Fare ID Card is not transferable to other persons and that Topeka Metro reserves the right to determine qualifications for issuing cards in accordance with terms and conditions stated. I give Topeka Metro permission to verify information provided on Part A or Part B of this form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Return to:** Topeka Metro  
820 S.E. Quincy  
Topeka, KS 66612

<b>Office Use Only:</b>
Received: _____
Notification: _____
Card Number: _____
Identification Provided: _____
_____

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# PART B

## To be completed only by physician or representative of Medical institution or social service agency

To be eligible to receive a Topeka Metropolitan Transit Authority Reduced Fare Eligibility ID Card, your patient/client must have a physical or mental condition that falls within the medical eligibility criteria listed below. If you, in your professional opinion, confirm the patient/client is physically or developmentally disabled, that person will be eligible for reduced fares to ride Topeka Metro fixed route buses. Persons will not be eligible for reduced fare if their sole incapacity is pregnancy, obesity, acute or chronic condition due to drugs or alcohol or any contagious disease. All information will be held confidential.

Is disability permanent? \_\_\_\_\_ Yes \_\_\_\_\_ No

If disability is not permanent, estimated duration of temporary disability is \_\_\_\_\_ months.

### A. 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 disability; 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 debilitation effects following occurrence of cerebrovascular accident.
- \_\_\_\_\_ 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+.**

### B. Visual or Hearing Disabilities

- \_\_\_\_\_ **Legally blind.** Central visual acuity not exceeding 20/200 in the better eye with best correction or a limit in the field of vision to such a degree that its widest diameter subtends an angle of no greater than 20 degrees.
- \_\_\_\_\_ **Legally Deaf.** Hearing impairment that is bilateral and not correctable with hearing aid.

### C. 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.

I hereby certify the applicant, \_\_\_\_\_, is disabled as defined by the preceding criteria. To the best of my knowledge the information contained herein is true and correct.

**Physician**

**Medical Institution/Social Service Agency**

\_\_\_\_\_  
Physician's Name (printed)

\_\_\_\_\_  
Name of Institution / Agency

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Name of Person Completing Form (print)

\_\_\_\_\_  
Office Street Address

\_\_\_\_\_  
Title of Person Completing Form

\_\_\_\_\_  
City Zip

\_\_\_\_\_  
Office Street Address

\_\_\_\_\_  
Office Telephone Fax

\_\_\_\_\_  
City Zip

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Office Telephone Fax

\_\_\_\_\_  
Signature of Person Completing Form

**For inquiries regarding certification for reduced fare eligibility, call 785-783-7000.**

**Return completed Parts A and B to:**

Topeka Metro  
820 S.E. Quincy  
Topeka, KS 66612