



## **KART REDUCED FARE INFORMATION & APPLICATION**

*FOR PERSONS WITH MEDICAL DISABILITIES, MEDICARE CARD HOLDERS AND INDIVIDUALS 65 YEARS OF AGE OR OLDER*

*July 2018*

### **What is the Reduced Fare Card?**

Kings Area Rural Transit (KART) offers reduced fare on fixed route services for qualified people with disabilities and seniors, 65 years and older. After verification, a picture id card will be issued to the qualified applicants.

This guide will provide general information on the program. For additional information please contact KART at 559.852.2717.

### **Transportation Disability Definition**

Persons with disabilities are defined by the Federal Transit Administration as persons **“who by reason of illness, injury, age, congenital malfunction, or other incapacity - temporary or permanent disability (including any individual who is a wheelchair user or has semi-ambulatory capabilities), cannot use effectively, without special facilities, planning, or design, mass transportation service or a mass transportation facility.”**

Persons are not considered to have a mass transportation disability and do not qualify for reduced rate are those whose sole incapacity or disability is: pregnancy, obesity, impairment due to un-prescribed drugs or alcohol, controlled epilepsy and persons whose sight or hearing or other disability that can be corrected with mechanical devices.

### **Eligibility Requirements**

To be eligible for the Reduced Fare, you must provide proof. One of the following documents must be provided:

- **Proof of Age (65 and older) and Photo ID** (may be same item)
- **Medicare Card and Photo ID**
- **Healthcare Provider Statement Form** (see attached form) **and Photo ID.**  
The form must have been signed and dated by the healthcare provider within the last 45 days.
- KART will accept photo identification issued by a state or federal agency, an example is a state driver's license, pictured V.A. Card or passport.
- **NO OTHER PROOF OF DISABILITY WILL BE ACCEPTED.**

KART issues the Reduced Fare ID Card based on the level of difficulty with the applicant's experience, the extra planning and effort that may be required, to use public transit due to a physical, psychiatric, intellectual or sensory disability. The KART Reduced Fare ID Card is NOT issued based on an applicant's income level.

### **How to apply:**

Complete the personal section of the application. Bring application and proof of qualification to the administration offices @ **610 W. 7<sup>th</sup> Street Hanford, California.**

Thank you for your interest in KART's Reduced Fare Program.

Read the application process carefully, inaccurate or incomplete applications **WILL NOT** be accepted. KART has 15 business days to notify you of your Discount Card eligibility.

- NEW CARD**       **RECERTIFICATION**       **Replacement of Reduced Fare Card (\$3.00 FEE)**

- I am 65 years old or older.
- I have a federally issued MEDICARE card.
- I am a person with a disability (impairment) as described in the Healthcare Professional Verification Section of this application. I affirm under penalty of law that all statements made by me on this application and to the licensed medical provider named on the form; upon whose opinion KART relies for determination of eligibility status; are true and complete. I understand that all statements made in this application may be subject to verification and inaccurate statements or fraud will disqualify me for the KART Reduced Fare Card Program

**Step 1** Fill out personal information as listed below:

Name: Mr. / Ms. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Step 2** For all persons 65 years or older or individuals who qualify for Medicare benefits. Applicants must provide proof of age, Medicare card and photo identification (state issued photo ID, or any identification) that verifies the identity of the individual seeking reduced fare privileges.

Return completed application for processing in person to the address listed on **Step 3** between the hours of 9:00 AM and 5:00 PM, Monday through Friday ONLY. Upon review and approval of completed application, a reduced fare card will be issued.

**DO NOT MAIL OR FAX APPLICATION**

**Step 3** Return completed application (with Physician's Statement of Medical Disability Eligibility page 2) in person to:

**Kings Area Rural Transit (KART)  
610 W. 7<sup>th</sup> Street  
Hanford, CA 93230**

ID card # _____	<b>INTERNAL USE ONLY</b>
_____ Verified by	_____ Date

## **EXPLANATION OF REDUCED FARE BENEFITS FOR INDIVIDUALS WITH DISABILITIES**

As a recipient of federal funding, Kings Area Rural Transit (KART) is required to provide a discount fare to elderly and “handicapped persons” at a rate of not more than 50% of the regular fare. Under this discount fare program, a “handicapped person” is defined as:

“... those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected.”

(See 49 U.S.C. § 5307(d) (reduced-fare requirement); 49 C.F.R § 609.23 (reduced-fare requirement); 49 C.F.R. § 609.3 (definition of “elderly and handicapped persons”). **Reduced fares are only provided to individuals with a qualifying medical disability. Reduced fares are not provided for socioeconomic purposes.**

**Please note that pregnancy, obesity, drug or alcohol addiction, and certain other conditions, taken alone, do not qualify as disabilities eligible for KART's reduced-fare program.** (See 49 C.F.R. § 609, Appendix A). Federal transit laws provide for a reduced fare only to individuals with a disability that both meets the definition of a disability under the Americans with Disabilities Act (see 49 C.F.R. § 37.3 definition of “Disability”) and meets the requirement that because of the disability, the individual is unable, without special facilities, planning, or design, to utilize KART's transit facilities or services as effectively as individuals without a disability. This means that an individual with a recognized disability may fall under the civil rights protections for access to transportation services but will not qualify for a reduced fare. To establish an applicant’s eligibility for reduced fare transit districts may request specific information and/or documentation that would verify the qualifying disability.(Compare 49 C.F.R. § 609.3 with 49 C.F.R. § 37.3.)

Therefore, to qualify for a reduced fare, the qualifying disability must result in a reduced capacity to perform actions necessary for the use of KART’s regular fixed-route services without receiving special training or assistance. If the diagnosis listed on the Application does not clearly meet this standard, the certifying health care professional will be asked to provide a narrative description identifying the specific features of KART fixed-route services that the applicant cannot use without special training or assistance. The “special training or assistance” must be different than the orientation required for all first-time users (disabled and nondisabled) of public transit. State law further extends the benefits of the federal reduced-fare program to the following individuals:

(1) An individual who by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including, but not limited to, any individual confined to a wheelchair, is unable, without special facilities or special planning or design, to utilize public transportation facilities and services as effectively as a person who is not so affected (see Cal. Pub. Util. Code § 99206.5);

(2) An individual who has lost, or has lost the use of, one or more lower extremities or both hands, or who has significant limitation in the use of lower extremities, or who has a diagnosed disease or disorder which substantially impairs or interferes with mobility, or who is so severely disabled as to be unable to move without the aid of an assistant device (see Cal. Veh. Code § 295.5(a));

(3) An individual who is blind to the extent that the person's central visual acuity does not exceed 20/200 in the better eye, with corrective lenses, as measured by the Snellen test, or visual acuity that is greater than 20/200 but with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees (see Cal. Veh. Code § 295.5(b));

(4) An individual who suffers from lung disease to the extent of any of the following:

a. The individual's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter.

b. The individual's arterial oxygen tension (pO<sub>2</sub>) is less than 60 mm/Hg on room air while the person is at rest (see Cal. Veh. Code § 295.5(c));

(5) An individual who is impaired by cardiovascular disease to the extent that the person's functional limitations are classified in severity as class III or class IV based on upon standards accepted by the American Heart Association (see Cal. Veh. Code § 295.5(d));

A temporary disability is defined as a qualifying disability (meeting the standards set forth above), which lasts more than 90 days. (See 49 C.F.R. §609, Appendix A, Question 2 and Cal. Pub. Util. Code § 99206.5.)

**AUTHORIZATION FOR PHYSICIAN TO RELEASE AND/OR PROVIDE INFORMATION  
(FOR THE PURPOSE OF COMPLETING APPLICATION FOR REDUCED FARE)**

I authorize \_\_\_\_\_, my **medical provider** (or qualified professional) to complete this application and verify my disability to Kings Area Rural Transit. KART reserves the right to verify information provided in the processing of this application.

**Clients Name:** \_\_\_\_\_

**Clients Birthdate:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Kings Area Rural Transit has the authority to request information or documentation that will verify an applicant's eligibility for Reduced Fare privileges, it is also the right of the applicant not to provide the information requested, but failing to do so will result in disqualification for Reduced Fare eligibility. Please review *Explanation of Reduced Fare Benefits for Individuals with Disabilities* for additional information.**

**PHYSICIAN'S STATEMENT OF MEDICAL DISABILITY ELIGIBILITY**

Complete the section (s) addressing patients qualifying medical condition and Medical Provider & Qualified Professional Certification. Please note if any part of the application is **Incomplete, clients application will not be accepted.**

To qualify for KART's Reduced Fare ID Card, your client/patient listed on the front of this application must have a physical or mental condition(s) that fall within the medical eligibility criteria listed below that **substantially limits a major life activity, such as caring for one's self, walking, seeing, hearing, speaking, breathing, learning, and/or working**, and that further meets the legal standard for reduced-fare eligibility.

**Is the disability permanent?**  YES  NO

If No, indicated anticipated length of impairment \_\_\_\_\_

***\*Note: If a disability is temporary, it must last for at least 90 days to be eligible for a reduced fare.***

**TYPE OF IMPAIRMENT**

- Blindness:** There is central visual acuity of 20/200 or less in the better eye with the use of correcting lenses. An eye which accompanied by limitation in the field of vision such that the widest diameter of the visual field subtends an angle of greater than 20 degrees, shall be considered as having central visual acuity of 20/200 or less.
  
- Hearing impairment:** With hearing aid, hearing is not restored to one of the following levels:
  - Average hearing threshold sensitivity for air conduction of 90 decibels or greater, and for bone conduction to corresponding maximum level in the better, ear, determined by the simple average of hearing threshold levels at 500, 1000 and 2000 Hz or above.
  - Speech discrimination scores of 40 % or less in the better ear.
  
- Mobility Impairment Disorder of Gait** - For whatever reason, the person is unable to achieve community mobility (at all times) without the use of some type of mobility device. The word "unable" is used in its literal sense. The fact that one of these mechanical aids facilitates movement is not sufficient.  
The applicant is unable to move without the use of the following aid: \_\_\_\_\_
  
- Loss of Extremities-** By reason of amputation or anatomical deformity, the person lacks hands/one hand and one foot/both feet. Specify: \_\_\_\_\_
  
- Cognitive or Learning Disability** – The person is mentally incapacitated such that he/she is dependent upon others for personal needs (e.g. toileting, eating, dressing or bathing) **AND** is unable to follow direction or is not capable of judgement or decision making that may result in risk of health and safety for the person and/or others.
  
- Epilepsy, Grand mal or Psychomotor** - Persons who are seizure-free for a continuous period of six months are disqualified. Date of last seizure \_\_\_\_\_. How often does seizure occur:\_\_\_\_\_
  
- Serious Mental Illness** – The applicant currently meets the criteria for a DSM-IV diagnosis other than (i) alcohol or drug disorders, (ii) developmental disabilities, (iii) dementia or mental disorders due to general medical conditions, except those with predominant psychiatric features, or (iv) social conditions (V-codes). Please explain how it significantly imposes limitations in the utilization of mass transit facilities or services effectively. Identify the specific features of KART's fixed route services that you cannot use without special training or assistance. The special training or assistance must be different than the orientation required for first time users (disabled and nondisabled) of public transit.

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Please provide a **SPECIFIC** description of the nature of the disability and how the impairment(s) inhibits applicant's ability to utilize mass transportation facilities and services **without special facilities, planning, or design:** *(Please provide sufficient detail or attach description on official letterhead form).*

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**Does the condition affect the individual's ability to perform activities of daily living?**

Please specify:

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**Does the condition affect the ability to ride the bus?** (Circle one) **YES NO**

Please specify: *(Address the need for accessible features, special facilities or planning. Do not list low income or ability to pay.)*

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**Does the condition involve a contagious disease?** (Circle one) **YES NO**

Please specify:

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**Does the individual pose a danger to others?** (Circle one) **YES NO**

Please specify:

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**Please list all Medications below:** (Include an additional paper if more room is needed)

Name of Medication	Dosage	What does Medicine Treat?

## MEDICAL PROVIDER & QUALIFIED PROFESSIONAL CERTIFICATION

PLEASE DO NOT SUBMIT APPLICATIONS FOR INDIVIDUALS WHO DO NOT QUALIFY FOR A MEDICAL DISABILITY REDUCED FARE. REDUCED FARE ID CARDS ARE NOT ISSUED FOR SOCIOECONOMIC PURPOSES.

The medical disability must be identified in Title 49 Section 37.3 of the Code of Federal Regulations and must further meet the state and federal requirements for reduced fare eligibility. Not all disabilities under Section 37.3 qualify an individual to receive a reduced transit fare. For example, pregnancy, obesity, drug addiction, and alcohol addiction, taken alone, do not qualify an individual for a reduced transit fare.

Please see the KART handout "Explanation of Reduced Fare Benefits for Individuals with Disabilities" (page 2) for an explanation of the disabilities that qualify an individual for reduced fare on KART's transit system.

\_\_\_\_\_  
Name (ONLY qualified professionals as listed on page 4 of 6)

\_\_\_\_\_  
Professional License Number (REQUIRED) or Title

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

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Phone Number w/ Area Code Extension

\_\_\_\_\_  
Fax Number w/Area Code

I certify that I am a legally licensed physician by the State of California. I am currently treating

\_\_\_\_\_  
(REQUIRED)

for a qualifying disability, the applicant is disabled as defined by the above criteria, & the information I have provided is true & correct under penalty of perjury according to the laws of the State of California.

\_\_\_\_\_  
Authorized Signature (MUST BE AN ORIGINAL - COPIES/FAXED SIGNATURES NOT ACCEPTED)

\_\_\_\_\_  
Date