

Reduced Fare Application for Elderly and Disabled Persons

Instructions:

Kenosha Area Transit has a reduced fare program for people age 65 and older and those who have a disability. Approved riders will receive a card allowing them to ride any Kenosha Area Transit bus at anytime for half the regular adult fare. For additional information on the program please call 262-653-4290.

To apply, please follow the steps below:

1. For all applicants:
 - a. Complete SECTION A of the certification form. Return the completed form to the address below Monday-Friday from 8:00 am to 4:30 pm:
Kenosha Area Transit
4303 39th Avenue
Kenosha, WI 53144
2. People with a disability:
 - a. Complete SECTION B, **or**
 - b. If you have been certified for ADA paratransit by another transit company bring your paratransit card when returning your completed form.
3. People age 65 and older:
 - a. Please bring your driver's license, state ID, or Medicare card with you when returning your completed form.

Eligibility Criteria

You may be eligible for reduced fare if you have one or more of the following conditions:

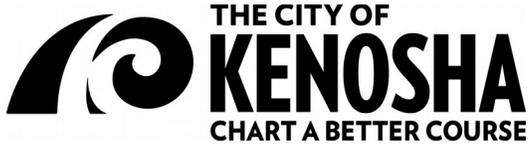
1. Any disability requiring the use of walkers, crutches, or other mobility aid
2. Missing limb(s)
3. Legal blindness
4. Hearing loss that cannot be corrected by a hearing aid
5. Cardiovascular or respiratory impairment which significantly interferes with coordination, endurance, or strength
6. Neurological impairment which significantly interferes with coordination, endurance, or strength
7. Significant musculoskeletal impairment
8. Significant mental or psychological impairment

Please note: All KAT buses have wheelchair ramps, priority seating, and a wheelchair securement area. Drivers are trained in passenger assistance.

Exclusions:

The following conditions are not eligible for the reduced fare program:

1. Pregnancy
2. Obesity
3. Impairment due to drugs or alcohol



REDUCED FARE APPLICATION FOR ELDERLY AND DISABLED PERSONS
Form #KAT002 (rev. 12/15)

Section A (for all applicants)

Name		Telephone	
Address	City	State	Zip

I understand that the purpose of this certification form is to determine eligibility for the reduced fare program and therefore agree to release the information below to Kenosha Area Transit for this purpose. I understand that the completed form will remain on file with Kenosha Area Transit, but will not be made available to any other person or authority. I certify that to the best of my knowledge the information contained on this form is correct.

Signature	Date of Birth
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Section B (for people with a disability)

If you have a current Medicare card this section DOES NOT need to be filled out. Just present your Medicare card to have a reduced fare card issued.

I have one or more of the following disabilities (check all that apply):

- Any disability requiring the use of walkers, crutches, or other mobility aids
- 1 or more missing limb(s) or partial limbs
- Sensory disorders such as blindness or hearing loss that cannot be corrected by a hearing aid
- Cardiovascular or respiratory impairment which significantly interferes with coordination, endurance, or strength
- Neurological impairment which significantly interferes with coordination, endurance, or strength
- Significant musculoskeletal impairment
- Significant mental or psychological impairment

Is your disability temporary? YES NO
If yes, how long is it expected to last? _____
Date

FOR OFFICE USE ONLY			
Card presented:	____ Driver's license/State ID	____ Medicare card	____ Paratransit card
Name on card:	_____ Card #: _____		
Card #:	_____ Date Issued:	_____ Expires:	_____