



**APPLICATION FOR
REDUCED TRANSIT FARE IDENTIFICATION CARD**

The City of Jefferson offers a reduced transit fare program for persons age 60 and older, persons with disabilities, and Medicare cardholders. The reduced transit fare identification card entitles the cardholder to ride *JeffTran* fixed route buses at one-half the regular fixed route fare. The following documentation is required at time of application:

- (1) photo-identification, and
- (2) proof of eligibility, such as a Medicare card, or proof of age, or proof of disability (see reverse side)

Please Print Legibly

Last Name First Name Middle Initial
Street Address Apt #
City State Zip Code
() Phone Number Male Female Date of Birth Month Day Year

Please check the appropriate box and sign below:

- FIRST CARD. If you have not had a Reduced Transit Fare Identification Card before, check this box. Please complete the reverse side of this form and provide the required documentation.
- RENEWAL CARD. If your reduced fare card expires in thirty days or less, check this box. If on your original application your disability was listed as permanent fill out the front side of this application only. If your disability was determined not to be permanent you must also have your physician complete and sign the reverse side of this application.
- REPLACEMENT CARD. If your card has been lost or stolen, check this box. A replacement card costs \$5.00 the first time, \$10.00 the second time, and \$15.00 the third time. A fourth replacement card will not be issued. Complete and sign the front of this application, only; a physician's certification is NOT required. The replacement card fee must be paid at the time the card is issued.

The information provided by me is true in all respects. I understand that false or misleading information provided herein will render me ineligible for reduced bus fare. Furthermore, I understand that my Reduced Transit Fare Identification Card is not transferable, and may not be loaned or borrowed. Cards are valid for two years from the date of issue.

Applicant Signature Date

For Office Use Only

Card No. Receipt No. Issue Date Amount Paid Issuer
REPLACEMENT CARD: 1st 2nd 3rd

Your application will be approved or denied when it is presented. If approved, an identification card requiring your signature will be provided at that time. Only complete applications will be considered.
RETURN COMPLETED APPLICATION TO:
Jefferson City Finance Department, 320 East McCarty St., Jefferson City, MO 65101
Phone: (573) 634-6320 TDD Users: 1-800-735-2966

Eligibility Certification

One of the following documents is also required to prove eligibility. Please check the applicable box.

- 1. **Proof of Age** (drivers license, state-issued identification card, or birth certificate)
- 2. **Medicare Card** (*state Medicaid recipients do not qualify at this time*)
- 3. **Veteran's Administration Disability Card**
- 4. **ADA Eligibility Card**
- 5. **Physician's Statement** (the following Statement must be completed by a physician)

Physician's Statement

To qualify for the Reduced Transit Fare Program under this provision, your client/patient must have an illness, injury, congenital malfunction or other incapacity or disability. Examples of disabilities include, but are not limited to the following conditions:

- ❖ **Non-Ambulatory Disabilities**, or related impairments which require the individual to use a wheelchair.
- ❖ **Semi-Ambulatory Physical Disabilities**
 - **Restricted mobility.** Disabilities requiring the permanent use of a cane, crutches, long leg brace or other orthopedic appliances to assist an individual in moving about.
 - **Arthritis.** **American Rheumatism Association criteria may be used as a guideline** for the determination of arthritic disability; Therapeutic Grade III, Functional Class III, Anatomical State III, or worse is evidence of arthritic disability.
 - **Loss of extremities.** Anatomical deformity of or amputation of both hands, one hand and one foot, or loss of major function.
 - **Cerebrovascular accident.** Ongoing debilitating effects following occurrence of cerebrovascular accident.
 - **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.
 - **Dialysis.** Individual who must use a kidney dialysis machine in order to live.
 - **Acquired Immune Deficiency Syndrome.** AIDS/HIV
- ❖ **Visual Disabilities**, legally blind, including visual impairment that is bilateral and not correctable with lenses; or significant contraction of visual field.
- ❖ **Mental Disabilities**, including developmentally disabled, adult mental retardation, epilepsy, autism, neurological disabilities not controllable by medication, such as cerebral palsy or multiple sclerosis; organic brain syndrome/emotionally disturbed; schizophrenia.

Is this disability permanent? Yes No

If the disability is NOT permanent is the expected duration of the disability more than 90 days? Yes No

Physician's Name (Please Print)

Physician's State License No. Required

City

State Zip Code

Phone Number

I hereby certify the applicant is disabled as defined by the above criteria, and to the best of my knowledge the above information is true and correct.

Physician's Signature: _____

Date: _____

Terms and Conditions. The City of Jefferson reserves the right to determine qualifications for issuing Reduced Transit Fare ID cards in accordance with the terms and conditions stated in this application. The City of Jefferson reserves the right to confiscate a Reduced Transit Fare Identification Card that has been used improperly. A confiscated card will not be returned or replaced; an individual may reapply six months after his/her card is confiscated. Cards issued and applications are the property of the City of Jefferson.

Revised January 2012