Individuals who qualify for the Flint Hills aTa Bus Half Fare Program are entitled to ride regular fixed route buses for one-half the regular fare. A special Half Fare ID card will be issued to eligible individuals who have qualified for the service by completing the application form. The Flint Hills aTa Bus Half Fare ID card is required and must be shown when boarding the bus in order to receive reduced fare privileges. Medicaid cards and State of Kansas medical cards including Medicare are verification of eligibility.

Who is Eligible?
The Half Fare Program is available for individuals who are 60 years of age or older, low income individual’s whose personal income or family income is at or below 200% the federal poverty level. Documentation of support from a non-profit or social service agency, including free and reduced lunch programs that verifies income will be accepted; and for those who have a physical or mental disability that is verified by a qualified professional such as: physician (M.D. or D.O.), registered nurse, physical or occupational therapist, psychiatrist, psychologist, mental health counselor, vocational counselor, rehabilitation specialist, independent living skills trainer or ophthalmologist.

How Do I Qualify?
1. Fill out and sign the Half Fare application. Persons 60 years of age or older must provide proof of age. Low Income is proven with documentation that verifies personal or family income is at or below 200% of the federal poverty level. Persons with disabilities who are not 60 years of age or older must complete and sign Part I, and must also have a qualified professional fill out and sign Part II.

2. Bring the completed and signed application form(s) and all other supporting documents (including a photo ID, a driver’s license, Kansas ID, or birth certificate) to the Flint Hills aTa Bus between 7:00 AM and 5:00 PM, Monday through Friday. The application will be processed and your eligibility will be determined. Upon acceptance into the program, you will be issued a Half Fare card.

Half Fare- 12/2017
**Card Replacement**

If your card is lost or stolen, please notify Flint Hills aTa Bus immediately by calling 785-537-6345. Replacement ID’s will be issued at a cost of $5.00 per card. Cards used improperly will be confiscated and privileges will be revoked. If you have any questions about the Half Fare Program, please call 785-537-6345 between 7:00 AM and 5:00 PM, Monday through Friday.
Flint Hills aTa Bus HALF FARE PROGRAM
APPLICATION FORM -PART I

Please make sure the documents are SIGNED and DATED.

Name: ____________________________________________________________

Last     First     Middle

Address: _______________________________________________________________________

Street           City          Zip

Phone Number: ____________________________

Date of Birth: ____________________________

Month          Day          Year

I am applying for a Flint Hills aTa Bus Half Fare ID card because:

A. I am 60 years old or older
Requires a valid drivers license, Kansas ID or Birth Certificate to verify age

CHECK ONE

B. My income is at or below 200% of the federal poverty level
Requires a current verification from non-profit or social service agency

C. I have a legally documented disability
You must have a qualified professional fill out and sign Part II.

I certify that the information provided is true and agree to release this information to Flint Hills aTa Bus for the purpose of obtaining a Half Fare card. I understand that the card is for my personal use and will not be transferred to any other person. I grant Flint Hills aTa Bus permission to verify the information given on Parts I and II of this form.

__________________________________________   ____________________________
Signature of Applicant                      Date

Half Fare- 12/2017
FLINT HILLS aTa BUS HALF FARE PROGRAM  
APPLICATION FORM -PART II  
To Be Completed By A Qualified Professional Only  

To be eligible for the Flint Hills aTa Bus Half Fare Program, your patient/client must have a physical or mental condition that falls within the medical criteria listed below. If you confirm that the patient/client is physically or developmentally disabled, that person will be eligible for reduced fares on the Flint Hills aTa Bus public fixed route bus services. Persons will not be eligible for reduced fares if their sole capacity is pregnancy, obesity, and acute or chronic condition due to drugs, alcohol, or any contagious disease. All information provided will be held confidential.

A. Physical Disabilities

_____ 1. Restricted Mobility  
Disabilities requiring the use of a cane, crutches, leg braces, walker, or other orthopedic devices used to assist an individual in moving about.

_____ 2. Arthritis  
American Rheumatism Association criteria may be used for the determination of arthritic disability. Therapeutic Grade III, Functional Class III, Anatomical State III, or worse is evidence of arthritic disability.

_____ 3. Loss of Extremities  
Anatomical deformity, amputation of both hands, one hand and one foot, or loss of major function.

_____ 4. Cerebrovascular Accident  
Ongoing debilitating effect which follows an occurrence of a 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 Immunity Deficiency Syndrome  
AIDS/HIV positive.

B. Visual Disabilities  

_____ 1. Legally Blind  
Visual impairment that is bilateral and not correctable with lenses.

_____ 2. Contraction of Visual Field  
Person whose widest diameter of an angular distance of 20 degrees, or less than 10 degrees from point of fixation, or whose visual field efficiency is 20 degrees or less.
C. Hearing Disabilities

1. Legally Deaf
   Hearing impairment that is bilateral and not correctable with a hearing aid.

D. Mental Disabilities

1. Developmentally Disabled
   Mental disability that originates before age 22.

2. Adult Mental Retardation

3. Epilepsy
   Grand Mal or Psychomotor. People 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 such as cerebral palsy or multiple sclerosis.

6. Organic Brain Syndrome/Emotionally Disturbed
   Chronic illness/disturbance that requires boarding or care home, funded work activity or workshop.

Is the disability permanent? Yes _____ No _____

If temporary, please list estimated number of months of temporary disability: ________ I hereby certify that the applicant, ______________________________, is disabled as defined by the preceding criteria and that the information contained on this form is true.

Does the applicant require a Personal Care Attendant (PCA) when traveling on transit vehicles? (Riders must provide their own PCA)

Never_______ Sometimes_______ Always ________

If a PCA is needed, explain why. (Personal Care Attendants are allowed to ride at no charge if assisting a passenger with verified need for a PCA)

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Physician Name ____________________________ Date ____________________________

Physician Signature ____________________________ Telephone ____________________________

Half Fare- 12/2017