



Reduced Fare Application for Elderly and Disabled Persons

Instructions for Completing Reduced Fare Eligibility Certification Form

Western Kenosha County Transit has a reduced fare program for elderly (age 65 and older) and disabled persons. Riders who are certified for the program will receive a card that allows them to ride any Western Kenosha County Transit buses at a reduced fare. Please follow the steps below to complete the application process. For further information on the Western Kenosha County Transit reduced fare program please call 262-605-6615.

1. *For all applicants:*
 - a. Complete SECTION A of the certification form and return the completed certification form to Aging and Disability Resource Center at the address below Monday through Friday, 8:00 am to 5:00 pm.

2. *For disabled persons:*
 - a. Complete SECTION B, or
 - b. If you have been certified for ADA paratransit by any transit company, please bring your paratransit card when returning your completed form or enclose a copy.

3. *For all applicants:*
 - a. Please include a copy of your driver's license, state ID or Medicare card with the completed form, or bring the original when returning your completed form.

Applications may be returned via mail or in person to the Aging and Disability Resource Center at 8600 Sheridan Road, Kenosha, WI 53143.

Eligibility Criteria

Persons eligible for reduced fare due to a disability must be unable to perform the following tasks without significant difficulty:

1. Walk more than one block;
2. Board or alight from a standard bus;
3. Stand in a moving bus;
4. Sit down and get up;
5. Read information signs; or,
6. Hear announcements.

Disabilities that might cause a person to have significant difficulty performing one of the aforementioned functions include (but are not limited to):

1. Any disability requiring the use of walkers, crutches, or other such devices;
2. One or more missing limbs;
3. Special sensory disorders such as legal blindness or 50% bilateral hearing loss uncorrectable by use of a hearing aid;
4. Cardiovascular or respiratory impairment which significantly interferes with coordination, endurance, or strength;
5. Neurological diseases which significantly interfere with coordination, endurance, or strength;
6. Significant musculo-skeletal impairment; or,
7. Significant mental or psychological impairment.

NOTE: All Western Kenosha County Transit buses are ADA wheelchair accessible and do not have steps.

Exclusions:

A person is not to be considered eligible for the reduced fare program if his/her sole incapacity or disability is:

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



For Office Use Only Card No.: _____ Date Issued: _____ Expires: _____

Reduced Fare Certification Form for Elderly and Disabled Persons

SECTION A (for all applicants)

Name		Telephone with area code	
Address	City	State	ZIP

I understand that the purpose of this certification form is to determine eligibility for the reduced transit fare program, and therefore agree to release the information below to Western Kenosha County Transit for this purpose. I understand that the completed form will remain on file with Western Kenosha County 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 disabled only) If you have a current Medicare card, SECTION B does not need to be filled out (your Medicare card must be presented at time reduced fare card is issued).

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

- Any disability requiring the use of walkers, crutches, or other such devices;
- One or more missing limbs (or partial limbs);
- Special sensory disorders such as legal blindness or 50% bilateral hearing lost uncorrectable by use of a hearing aid;
- Cardiovascular or respiratory impairment which significantly interfere with coordination, endurance, or strength;
- Neurological diseases which significantly interfere with coordination, endurance, or strength;
- Significant musculo-skeletal impairment; or,
- Significant mental or psychological impairment.

Is your disability temporary? Yes No

If it is a temporary disability, how long is it expected to last? _____
Date

Is attendant care necessary for you while traveling on public transportation? Yes No

For Office Use Only Type of card presented: <input type="checkbox"/> Driver's license/State ID <input type="checkbox"/> Medicare card <input type="checkbox"/> Paratransit card Name on card: _____ Card #: _____ Staff initials: _____
