

# JEFFIRAN

## APPLICATION FOR PERSONS WITH DISABILITIES REDUCED TRANSIT FARE IDENTIFICATION CARD

Please Print Legibly

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Address Apt#

\_\_\_\_\_  
City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number  Male  Female Date of Birth \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Social Security Number

Present this completed application along with proof of residency in Jefferson City at City Hall, Finance Department, cashiers window, 320 East McCarty Street. Your application will be approved or denied when it is presented and if approved, an identification card requiring your signature will be provided at that time. Only COMPLETE applications will be considered.

Check the appropriate box and sign below:

- FIRST CARD.** If you have not had a Persons with Disabilities Reduced Transit Fare Identification Card before, check this box. Complete the information above and sign and date below. You must also have your physician complete and sign the back side of the application, or you must provide a copy of your Medicare Card or documentation that you are disabled veteran certified at 50 percent or greater.
- 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 back side of this application.
- REPLACEMENT CARD.** If you have lost your reduced fare card or if your card was 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. Fill out and sign the front of this application, only for a replacement card. A doctor's certification is NOT required. The appropriate fee payment is required at the time of replacement card is issued.

I understand that my Persons with Disabilities Reduced Transit Fare Identification Card is **not transferable to other persons** and that the City of Jefferson reserves the right to determine qualifications for issuing cards in accordance with the terms and conditions stated on the reverse side of this application. This card will be valid for two years from the date of issue.

\_\_\_\_\_  
Signature Date

The reduced transit fare identification card entitles its holder to ride the **fixed route** City buses at on half the regular fixed route fare. **Reduced fare cards are effective beginning November 1, 2000.**

For Office User Only

\_\_\_\_\_  
Card No. Receipt No. Issue Date Amount Paid Issuer

**REPLACEMENT CARD:**  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

### 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

To qualify for the City of Jefferson Reduced Transit Fare Program, your client/patient must have a physical or mental condition that falls within the medical eligibility criteria listed below. Check all that apply.

Is this disability permanent?  Yes  No

If the disability is NOT permanent is the expected duration of the disability two or more years?  Yes  No

Has the condition existed for at least 90 days?  Yes  No

#### A. Non-Ambulatory Disabilities

1. Impairments which require the individual to use a wheelchair.

#### B. Semi-Ambulatory Physical Disabilities

1. **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.
2. **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.
3. **Loss of extremities.** Anatomical deformity of or amputation of both hands, one hand and one foot, or loss of major function.
4. **Cerebrovascular accident.** Ongoing debilitating effects following occurrence of 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 Immune Deficiency Syndrome.** (AIDS)/HIV+.

#### C. Visual Disabilities

1. **Legally Blind.** Visual impairment that is bilateral and not correctable with lenses.
2. **Contraction of visual field.** Persons whose widest diameter of visual field subtends 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.

#### D. Hearing Disabilities

1. **Legally deaf.** Hearing impairment that is bilateral and not correctable with hearing aid.

#### E. Mental Disabilities

1. **Developmentally disabled.** Mental disability that originates before age 18.
2. **Adult mental retardation.**
3. **Epilepsy.** Grand mal or Psychomotor. Persons 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 (i.e., cerebral palsy, or multiple sclerosis).
6. **Organic brain syndrome/emotionally disturbed.** Mental disturbances that require boarding or home care, funded work activity or workshop.
7. **Schizophrenia.**

#### F. Disability Benefit Recipient

1. **Medicare Cardholder.** Please send a copy of the Medicare Card. **State Medicaid recipients do not qualify.**
2. **Disable veteran** certified at 50 percent or greater.

The City of Jefferson reserves the right to confiscate a Reduced Transit Fare Identification Card that has been used improperly. Reduced fare cards may not be loaned or borrowed. A confiscated card will not be returned or replaced. The individual may reapply six months after their card is confiscated. This application is the property of the City of Jefferson.

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Physician's State License No. Required

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
Phone Number

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

Authorized Signature: \_\_\_\_\_

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