

## **Reno County Area Transportation Half-Fare Application**

**120 West Ave B  
Hutchinson Kansas 67501  
620-694-2913 or 1-888-458-2911**



The Half-Fare card is for Individuals who have a disability that is recognized under the American's with Disabilities Act that does not require specialized transportation services (Paratransit). It entitles individuals to ride Rcat Fixed-Route busses at half the cost of a regular full priced fare. The individual's physical or mental disability must be verified by a qualified professional from the following list.

- **Physician (M.D or D.O.)**
- **Physician's Assistant**
- **Registered Nurse Practitioner**
- **Physical or Occupational Therapist**
- **Psychiatrist**
- **Qualified Mental Health Professional (QMHP)**
- **Rehabilitation Specialist**
- **Independent Living Skills trainer**
- **Ophthalmologist**

**The qualified professional must be an appropriate choice to verify the disability. For example a Mental Health Counselor should not be asked to verify a cardiovascular disorder.**

### **Application Process**

1. Fill out and sign the Half-Fare application.
2. Bring the completed and signed application and one of the following documents (photo I.D., a driver's license, Kansas ID card) to the Reno County Area Transportation Transfer Station, 120 West Ave B, Hutchinson between 7:00 a.m. and 5:30 p.m. Monday through Friday or 9:00 a.m. and 1:30 p.m. on Saturday. The application will be processed and eligibility determined within 21 days of receipt. Upon acceptance, a Half-Fare card will be issued

### **Card Replacement**

**Lost or stolen card should be reported to Reno County Area Transportation immediately by calling 620-694-2913. A Replacement card will be issued for \$1. Cards used improperly will be confiscated.**

**If you have questions about the Half Fare Program please call 620-694-2913**

**Rcat Half-Fare  
Application Form**

Please sign and date

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

I certify that the information provided on this application is true. I have released this information to Reno County Area Transportation for the purpose of obtaining a Half-Fare card. I understand that the card is for my personal use and cannot be transferred to any other person. I grant Reno county Area Transportation permission to verify the information I have given. I understand that my personal medical information is protected by the Health Insurance Portability & Accountability Act (HIPPA) and that Reno County Area Transportation staff will protect this information as required by law.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

Return application to:  
120 West Ave B  
Hutchinson Kansas 67501  
620-694-2913 or 1-888-458-2911

## Service Information Questionnaire

What is your disability? Please check all that apply.

- Physical**
- Visual**
- Mental**
- Other**

All disabilities must be verified by a qualified professional. Please provide additional details.

### **A. Physical Disabilities**

- Restricted Mobility***  
Disabilities requiring the use of a cane, crutches, leg braces walker, wheelchair or other mobility device.
- Arthritis***  
Arthritis disability which meets or equals a medical listing
- Loss of Extremities***  
Anatomical deformity or loss of an extremity or body organ
- Cerebrovascular Condition***  
Ongoing debilitation due to a Cerebrovascular accident (CVA), brain attack, cerebral infarction or stroke
- Cardio-pulmonary Disease***  
Disability involving shortness of breath, pain and fatigue due to loss of heart or lung capacity.
- Dialysis***  
Disability due to a medical disorder requiring mechanical kidney dialysis in order to live.

**B. Visual Disabilities**

- Terms used to describe levels of vision disability include: 'Partially-Sighted,' 'Low-Vision,' 'Legally Blind,' and, 'Totally Blind.' Partially-Sighted means the person has some form of visual disability that may require special education. Low-Vision usually refers to persons who experience a more severe loss of vision that is not necessarily limited to distance vision. Persons with low-vision may be unable to read a newspaper at an average distance with eyeglasses or contacts, and may need large print or Braille. Persons who are legally blind have less than 20/200 vision in their better eye, or a very limited field of vision, often 20 degrees at its widest point. Persons who are totally blind are unable to see and often use Braille or other non-visual forms of media. ***Please identify applicant's level of vision***\_\_\_\_\_.

**C. Hearing Disabilities**

- Hearing impairment that cannot be restored by a hearing aid, and it must be manifested by: Average hearing threshold sensitivity for air conduction of 90 decibels or greater, and for bone conduction to corresponding maximal levels, in the better ear, determined by the simple average of hearing threshold levels at 500, 1000, and 2000 Hz. OR Speech discrimination scores of 40 percent or less in the better ear.

**D Mental Disabilities**

- Intellectual Disability*** - IQ of less than 70 to 75.
- Developmental Disability*** –mental or physical disability that occurs in childhood and impairs the ability to learn or care for one's self
- Autism spectrum disorder*** (ASD) is a range of complex neurodevelopment disorders

**Epilepsy** is a brain disorder in which a person has repeated seizures over time. Please check the specific type of seizure you may have:

- Absence (staring spells)
- Generalized tonic-clonic (Grand Mal) seizure is one type of seizure that involves the entire body
- Partial (focal) seizure (can involve any of the symptoms described above.

**Neurological Disabilities**

- Neurological or physical impairment not controlled by medication such as Stroke, Alzheimer's, Dementia, Cerebral Palsy, Multiple Sclerosis, Huntington's or Parkinson's disease. Please list the specific type of Neurological Disability you have:

\_\_\_\_\_.

If the disability is temporary, please estimate the number of month's last. \_\_\_\_\_.

Does the applicant require a personal attendant (PCA) when traveling on transit vehicles?

Never \_\_\_\_\_ Sometimes \_\_\_\_\_ Always \_\_\_\_\_ (***Riders must supply their own PCA***)

If a PCA is needed, please describe what they will do to assist the rider. Personal Care Attendants are allowed to ride at no charge if assisting a passenger with a verified need for a PCA.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**TO BE FILLED OUT BY QUALIFIED PROFESSIONAL**

**Rcat Half-Fare Application Verification Form**

Dear Qualified Professional,

Reno County Area Transportation accepts half price fares from citizens between the ages of 19- 59 who are deemed eligible due to disability. You have been asked to provide verification of disability for your patient/client. Reno County Area Transportation's service to the public is governed by Title 49 - Transportation of the Federal Code of Regulations. Please read the excerpt below and use the information to determine the eligibility of the applicant as defined by the regulation.

Thank you for your help.

**CODE OF FEDERAL REGULATIONS**

**TITLE 49 - TRANSPORTATION**

**PART 37—TRANSPORTATION SERVICES FOR INDIVIDUALS WITH DISABILITIES (ADA)**

**Subpart a—General Section 37.3 Definitions**

Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

(1) The phrase physical or mental impairment means— (i) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory including speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine;

(ii) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities;

(iii) The term physical or mental impairment includes, but is not limited to, such contagious or noncontagious diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism;

(iv) The phrase physical or mental impairment does not include homosexuality or bisexuality.

**(2) The phrase major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work.**

(3) The phrase has a record of such an impairment means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

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(4) The phrase is regarded as having such an impairment means— (i) Has a physical or mental impairment that does not substantially limit major life activities, but which is treated by a public or private entity as constituting such a limitation; (ii) Has a physical or mental impairment that substantially limits a major life activity only as a result of the attitudes of others toward such an impairment; or (iii) Has none of the impairments defined in paragraph (1) of this definition but is treated by a public or private entity as having such an impairment.

(5) The term disability does not include— (i) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders; (ii) Compulsive gambling, kleptomania, or pyromania; (iii) Psychoactive substance abuse disorders resulting from the current illegal use of drugs

Please briefly define the disability exhibited by the applicant.

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Is the disability permanent? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

If temporary, please list the estimated number of months of temporary disability \_\_\_\_\_.

Does the applicant require a Personal Care Attendant to accompany them when traveling on a transit vehicle? Never \_\_\_\_\_ Sometimes \_\_\_\_\_ Always \_\_\_\_\_

I verify that the applicant \_\_\_\_\_  
has an eligible disability as defined by the Federal Code of Regulations Title 49-Transportation Part 37  
and that the information on this form is true.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Address and Zip Code)