## KNOX AREA TRANSIT (KAT) <u>APPLICATION FOR REDUCED FARE ELIGIBILITY</u>

Last Name	First Name		Mid Initial		
Street Address					
City	State	_Zip			
Phone Number	Date of Bin	r <b>th</b>	Sex		
Please check one:		l found hourd on a			
	nox Area Transit reduced		age of o5 years		
	ox Area Transit reduced	fores based on a	disability (Selectory)		
Veteran Social S License * Documentation must be submitted, Disabilities Act. A copy of the applic	, and state applicant is disabled, as p	rd. ent is disabled. ttion stating client is a	lisabled (please complete section below bility in the Americans with		
Applicant Signature			Date		
	CERTIFICATION (	)F DISABILI'	ТҮ		
(1	Must be completed by a Licen	sed Medical Profes.	sional)		
Americans with Disab	ne above applicant is disa pilities Act definition of ' antially limits one or mo	'disability" as "a	a physical or mental		
Applicant's disability	is: Permanent Temporary (state e				
Licensed Medical Pro	fessional Signature				
Date					
Licensed Medical Pro	fessional Name				

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

KAT Office Use Only:											
I.D:	Proof of I	Disability:	Scanned:		Notes:						
	Date:		App	roved:	Denied:	Employee:					

## KNOX AREA TRANSIT (KAT) <u>APPLICATION FOR REDUCED FARE ELIGIBILITY</u>

Knox Area Transit for several years has offered reduced fares for riders who are disabled or age 65 and older. Funding for these fare discounts comes mainly through the Ohio Department of Transportation which has established specific eligibility requirements. Beginning December 1, 1998, <u>without exception</u>, riders requesting reduced fares must submit an Application for Reduced Fare Eligibility. Your eligibility will be added to your client file in our Computer Aided Dispatch System.

Obtaining your Reduced Fare Eligibility is easy and free of charge. Please follow these simple steps, allowing up to 10 days to receive your notice of approval by phone or mail, after submitting your application to Knox Area Transit.

## To qualify for reduced fares based on your age...

• Submit your application form (attached) with proof of your date of birth in the form of a valid driver's license or state identification card; or certified birth certificate accompanied by some form of photo identification. We must have your phone number on the form.

## To qualify for reduced fares based on disability...

• Submit your application form (attached) with the "<u>Physician's Certification</u>" section completed, signed and dated. Make sure the Physician's phone number is on the form.

The Administration of Knox Area Transit is solely responsible for approving or rejecting applications for Reduced Fares, based upon program criteria. Appeals of their decisions may be made to the Knox County Commissioners board and ultimately to the Ohio Department of Transportation.

Completed applications, as well as questions about the certification process, and requests for assistance in completing the application, should be addressed to:

Knox Area Transit 25 Columbus Rd. Mount Vernon, Ohio 43050 740-392-7026 (Phone)