The holder of a Topeka Metro Reduced Fare ID Card is entitled to pay a reduced fare (using cash, ride cards or a 31-day pass) for fixed route bus service. This card does not entitle the holder to Lift services.

**The Reduced Fare ID Card MUST be shown to the driver when boarding the bus.**

**Eligibility**
The Reduced Fare Program is designed for:

- Persons with disabilities
- Medicare recipients
- Persons age 65 and older

who are able to use the fixed route bus system. A transportation disability is any incapacity or disability which prevents an individual from using transportation facilities and services as effectively as persons not so affected.

**If you are a Medicare recipient**
Medicare recipients are automatically eligible for Reduced Fare program privileges, however you must apply for a TMTA Reduced Fare ID Card. The Medicare card is not acceptable as ID when boarding a bus to verify eligibility for reduced fare privileges. To apply for a TMTA ID card, follow steps 1 and 3 listed below. All Reduced Fare Program policies will apply. Automatic eligibility does not apply to Medicaid recipients.

**To apply for a reduced fare ID card**

1. Applicant must complete Part A of the Reduced Fare ID Application Form.
   **Medicare recipients** complete and submit ONLY Part A along with a photocopy of the Medicare card and a photocopy of one form of picture identification.

2. For persons applying for reduced fare due to a disability, Part B must also be completed, signed and stamped by the applicant’s physician or a representative of a medical institution or social service agency legally qualified to document certification of disability. All information received will remain confidential.

3. When completed, return forms to:
   Topeka Metro – ID Card
   820 S.E. Quincy
   Topeka, KS  66612

Note: There is a separate reduced fare application for those who are 65 or older.
**Issuing the card**

1. Topeka Metro will process Reduced Fare ID applications in a timely manner upon receiving the properly completed forms. *When possible*, if an application is brought to Quincy Street Station, it will be processed while you wait. You are encouraged to call ahead for an appointment to reduce your waiting time.

2. If an application is received by mail, it will be processed and the applicant will be notified when it has been approved.

3. After notification, you will need to come to Quincy Street Station at 820 S.E. Quincy Street, where a photo identification card will be made. Photo ID cards are only issued from 8:00 a.m. to 5:15 p.m. Monday through Friday; Saturday by appointment.

**Cost**

There is no cost for the initial card. A $2 fee will be charged for replacement Reduced Fare ID Cards (photo ID).

**Card Replacement**

1. Reduced fare ID’s cards for persons with disabilities or Medicare recipients will expire five years from the time of issuance. At that time, the cardholder will need to reapply for reduced fare and a new ID card will be issued upon approval at no cost.

2. Report lost or stolen cards immediately to Topeka Metro by calling 783-7000.

3. To receive a replacement Reduced Fare ID Card for a lost or stolen card, the cardholder must fill out a Replacement Application form available at the Quincy Street Station or by calling 783-7000 to receive one by mail. The form can also be downloaded at [www.topekametro.org](http://www.topekametro.org).

4. Submit your Replacement Application and $2.00. The request will be processed and a replacement card will be issued. You may be asked to come into Quincy Street Station to have a new picture taken.

**Guidelines**

In accordance with official policy, Topeka Metro reserves the right to determine qualifications for special fare programs. A Reduced Fare ID Card will not be issued if the applicant fails to provide Topeka Metro with properly completed application forms, certification of proof of disability or correct payment for replacement cards.

A Reduced Fare ID Card is not to be loaned or borrowed. Topeka Metro reserves the right to confiscate a Reduced Fare ID Card which has been used improperly. A fee of $30 will be charged for the replacement of confiscated cards.

**Questions**

If you have questions regarding certification for reduced fare eligibility or procedures for obtaining a Reduced Fare ID Card, call 783-7000 (TDD 233-2019).
TOPEKA METRO

REDUCED FARE ID APPLICATION FORM

PART A
To be completed by applicant

Name: ____________________________
   Last                      First                      Middle

Address: ____________________________ Apt __________________ Zip__________________

Telephone: ____________________________ Date of Birth: __________________________

Medicare card holders: Complete only Part A and attach a photocopy of your Medicare card and a photocopy of one form of picture ID to this form.

I AGREE TO the release of information to Topeka Metropolitan Transit Authority for the purpose of obtaining reduced fare eligibility certification. I hereby certify information on this form is true and desire the Reduced Fare ID Card for my personal use only. I understand my Reduced Fare ID Card is not transferable to other persons and that Topeka Metropolitan Transit Authority reserves the right to determine qualifications for issuing cards in accordance with terms and conditions stated. I give Topeka Metropolitan Transit Authority permission to verify information provided on Part A or Part B of this form.

______________________________
Signature of Applicant

______________________________
Date

Return to: Topeka Metro
820 S.E. Quincy
Topeka, KS 66612

Office Use Only:
Received: ______________
Notification: ______________
Card Number: ______________
PART B
To be completed only by physician or representative of medical institution or social service agency

To be eligible to receive a Topeka Metropolitan Transit Authority Reduced Fare Eligibility ID Card, your patient/client must have a physical or mental condition that falls within the medical eligibility criteria listed below. If you, in your professional opinion, confirm the patient/client is physically or developmentally disabled, that person will be eligible for reduced fares to ride Topeka Metro fixed route buses. Persons will not be eligible for reduced fare if their sole incapacity is pregnancy, obesity, acute or chronic condition due to drugs or alcohol or any contagious disease. All information will be held confidential.

Is disability permanent? _____ Yes _____ No
If disability is not permanent, estimated duration of temporary disability is ____ months.

A. Semi-Ambulatory Physical Disabilities
   _____ 1. Restricted mobility. Disabilities requiring the use of a cane, crutches, long leg braces 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 or 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.
   _____ 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+.

B. Visual Disabilities
   _____ Legally blind. Central visual acuity not exceeding 20/200 in the better eye with best correction or a limit in the field of vision to such a degree that its widest diameter subtends an angle of no greater than 20 degrees.

C. Hearing Disabilities
   _____ Legally Deaf. Hearing impairment that is bilateral and not correctable with hearing aid.

D. 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 care home, funded work activity or workshop.

I hereby certify the applicant, ____________________________________________________________, is disabled as defined by the preceding criteria. To the best of my knowledge the information contained herein is true and correct.

**Physician**

Physician's Name (printed)  
Name of Person Completing Form  
Office Street Address  
City  Zip  
Office Telephone  Fax  
Physician's Signature

**Medical Institution/Social Service Agency**

Name of Institution / Agency  
Name of Person Completing Form (print)  
Title of Person Completing Form  
Office Street Address  
City  Zip  
Office Telephone  Fax  
Signature of Person Completing Form

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Return completed Part A and B to:

Topeka Metro  
820 S.E. Quincy  
Topeka, KS  66612

For inquiries regarding certification for reduced fare eligibility, call 783-7000. (TDD 233-2019)