



**City of Liberal**  
324 N. Kansas Avenue  
P.O. Box 2199  
Liberal, Kansas 67905

(620)626-0100  
[www.cityofliberal.org/citybus](http://www.cityofliberal.org/citybus)

## **CITYBUS HALF-FARE PROGRAM**

ELDERLY\*DISABLED\*LOW INCOME

Individuals who qualify for the City Bus Half-Fare Program are entitled to ride regular fixed route buses for one-half the regular fare. A special ID card will be issued to eligible individuals who have qualified for the service by completing the application form. **City Bus Half-Fare ID card is required and must be shown when boarding the bus in order to receive reduced fare privileges. Medicaid cards and State of Kansas medical cards are not verification of eligibility.**

### **Who is Eligible?**

The Half-Fare Program is available for individuals who are 60 years of age or older, low income individuals as determined by DCF Food Stamp verification letter, and for those who have a physical or mental disability that is verified by a **qualified professional** such as: **physician(M.D. or D.O.), registered nurse, physical or occupational therapist, psychiatrist, psychologist, mental health counselor, vocational counselor, rehabilitation specialist, independent living skills trainer or ophthalmologist.**

### **How Do I Qualify?**

1. Fill out and sign the Half-Fare application. Persons 60 years of age or older must provide proof of age. Low income is proven with DCF Food Stamp verification letter. Persons with disabilities who are not 60 years of age or older must complete and sign **Part I**, and must also have a qualified professional fill out and sign **Part II**.
2. Bring the completed and signed application form(s) and all other supporting documents (including a photo ID, a driver's license, Kansas ID, or birth certificate) to City Hall between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday. The application will be processed and eligibility will be determined. Upon acceptance into the program, a Half-Fare card will be issued.

### **Card Replacement**

If card is lost or stolen, please notify City Bus immediately by calling (620)626-0100. Replacement IDs will be issued at a cost of \$5.00 per card. Cards used improperly will be confiscated and privileges will be revoked. If you have any questions about the Half-Fare Program, please call 620-626-0100 between 8:00 a.m. and 5:00 p.m., Monday through Friday.



# **CITY BUS HALF-FARE PROGRAM**

## **APPLICATION FORM -PART II**

**To Be Completed By A Qualified Professional Only**

To be eligible for the City Bus Half-Fare Program, your patient/client must have a physical or mental condition that falls within the medical criteria listed below. If you confirm that the patient/client is physically or developmentally disabled, that person will be eligible for reduced fares on City Bus public fixed route bus services. Persons will not be eligible for reduced fares if their sole reason is pregnancy, obesity, and acute or chronic condition due to drugs, alcohol, or any contagious disease. All information provided will be held confidential.

### **A. Physical Disabilities**

\_\_\_\_\_ **1. Restricted Mobility**

Disabilities requiring the use of a cane, crutches, leg braces, walker, or other orthopedic devices used to assist an individual in moving about.

\_\_\_\_\_ **2. Arthritis**

American Rheumatism Association criteria may be used 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, amputation of both hands, one hand and one foot, or loss of major function.

\_\_\_\_\_ **4. Cerebrovascular Accident**

Ongoing debilitating effect which follows an occurrence of a cerebrovascular accident.

\_\_\_\_\_ **5. Cardio-pulmonary Disease**

Serious loss of heart or lung reserve capacity in spite of medical treatment; shown by X-ray, EKG, or other tests.

\_\_\_\_\_ **6. Dialysis**

Individual must use a kidney dialysis machine in order to live.

\_\_\_\_\_ **7. Acquired Immunity Deficiency Syndrome**

Person is AIDS/HIV positive.

### **B. Visual Disabilities**

\_\_\_\_\_ **1. Legally Blind**

Visual impairment that is bilateral and cannot be corrected with lenses.

\_\_\_\_\_ **2. Contraction of Visual Field**

Individual whose widest diameter of 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.

## C. Hearing Disabilities

\_\_\_\_\_ **1. Legally Deaf**

Hearing impairment that is bilateral and cannot be corrected with a hearing aid.

## D. Mental Disabilities

\_\_\_\_\_ **1. Developmental Disability**

Life-long disabilities which attribute to mental and/or physical impairments, manifested prior to age 22.

\_\_\_\_\_ **2. Adult Developmental Disability**

Life-long disabilities which attribute to mental and/or physical impairments, manifested after age 22.

\_\_\_\_\_ **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 such as cerebral palsy or multiple sclerosis that cannot be controlled with medication.

\_\_\_\_\_ **6. Organic Brain Syndrome/Emotionally Disturbed**

Chronic illness/disturbance that requires boarding or care home, funded work activity or workshop.

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

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

I hereby certify that the applicant, \_\_\_\_\_, is disabled as defined by the preceding criteria and that the information contained on this form is true.

Does the applicant require a Personal Care Attendant (PCA) when traveling on transit vehicles? (Riders must provide their own PCA)

Never \_\_\_\_\_ Sometimes \_\_\_\_\_ Always \_\_\_\_\_

If a PCA is needed, explain why. (Personal Care Attendants are allowed to ride at no charge if assisting a passenger with verified need for a PCA)

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

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Telephone