

# RideKC

Kansas City Area Transportation Authority  
1200 E. 18th St.  
Kansas City, MO 64108  
816-221-0660

## Persons with Disabilities

Reduced Farecard Application  
Expires: 3 years from Issue Date

### Reduced Farecard Application

Please print legibly

Last Name

First Name

Middle  
Initial

Street Address

Apt. #

City

State

Zip

Phone Number

Male

Female

Check one

Month

Day

Year

Date of Birth

Social Security No.

(Last four digits)

Email (optional)

Preferred method of contact:

☐ Email

☐ Text Message

☐ Mail

### For Office Use Only

Card No.

Sticker No.

Receipt No.

Issue Date

Amount Paid

Issuer

### Revocation

Incident No.

Reasons: \_\_\_\_\_

Additional Notes \_\_\_\_\_

**Check the appropriate box and sign below:**

- ☐ **First Card.** If you have not had a Persons with Disabilities Reduced Fare Card before, check this box. Complete the information above and enclose **\$1 cash or money order. You must have your physician or other qualifying certifying agent complete and sign the Physician Form or enclose a copy of your Medicare Card, except for replacements. No checks accepted.**
- ☐ **Renewal Card.** If your farecard is expiring this year check this box. Complete the information above and **enclose \$1 cash or money order. No checks accepted. Send cash or money order.**
- ☐ **Replacement Card.** If you have lost your farecard, or if your card was stolen, check this box. A replacement card costs \$5 the first time, \$10 the second time or \$15 the third time. Additional replacements after the fourth card will be at the discretion of the issuing agent. **Certification is not required for replacement cards.** Enclose correct fee with application. **Send cash or money order. No checks accepted.**

**No Reduced Farecards will be issued over the counter.**

I understand that my Persons with Disabilities Reduced Farecard is **not transferable to other persons** and The Metro reserves the right to determine qualifications for issuing cards in accordance with the terms and conditions stated on the Physician Form. This card is valid for three years from Issue Date.

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Signature

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Date

**Return this completed application and the correct fee in cash or money order to the Kansas City Area Transportation Authority. No checks accepted.**

**If you are applying for your first reduced farecard, the Physician Form must be completed and signed by your physician or other certifying agent, OR you may mail a copy of your Medicare Card with your application. (State Medicaid does not qualify.)**

**Medicare Card Holders** may also ride The Metro for half-fare, and will need to present their Medicare Card when using a 31-Day Pass or paying a cash fare.

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## Reduced Farecard Application for Persons with Disabilities (To be completed by a Physician or Certifying Agency)

Authorized Signature