KAT Half-Fare Program
Information and Application Instructions

Instructions: Please print, complete, and sign this form to be considered for participation in KAT's Half-Fare Program. Return it to KAT, 301 Church Avenue, Knoxville TN 37915. Hours for application are 8:30 a.m. to 4:30 p.m. Monday through Friday. You must deliver the application in person, so that you can have your picture taken for the I.D. card. There is a one-time $2.00 application and processing fee. If your application is approved, your I.D. card will be mailed to you. The application fee is non-refundable. Application must be complete. No other form will be considered.

Important Information on the KAT Half-Fare Program

KAT has a reduced fare program for eligible persons including seniors, students through the 12th grade, and persons with disabilities. KAT has developed eligibility criteria for disabled persons for this program based on the Federal Transit Administration's (FTA) definition. "Disabled person" means any individual who by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including any person who is wheelchair bound or has semi-ambulatory capabilities, is unable without special facilities or special planning or design to utilize public transportation facilities and services effectively. Eligible disabled individuals may ride KAT fixed-routes for half-fare at any time. To be eligible for half-fare, an individual must present to the bus operator a Medicare Card issued pursuant to Sections II and XVIII of the Social Security Act or a KAT half-fare ID card when boarding the bus.

Applicants are advised that the information provided herein is not confidential and is open to the Department of Transportation authorized officials for compliance reviews.

KAT may determine that an applicant is ineligible for participation in the Half-Fare Program, including those individuals who have permanent or temporary conditions that may not affect their ability to make effective use of mass transit facilities and equipment. Obesity, cancer, pregnancy, diabetes, and AIDS list examples of conditions that are not automatically accepted as rendering an individual unable to make effective use of mass transit. Fraudulently obtaining, copying, or using identification cards to ride the bus at a reduced fare is a crime and will be prosecuted according to appropriate federal and state law.

NAME_____

❑ SENIOR (D.O.B_____)
❑ STUDENT (GRADE_____)
❑ DISABLED

KAT HALF-FARE APPLICATION

Please print clearly. Complete Section A below:

PART A: APPLICANT INFORMATION

Name: _____ Date: _____

Street Address: _____
City: _____ State: ____Zip: ____

Telephone: (___)_____ Renewal: _____ Yes _____No

Date of Birth: _____

CHECK BOX IF YOU ARE:

- ❑ A Medicare Card Holder
- ❑ Over the age of 65
- ❑ Veteran with an original letter from the VA, signed by a Veteran's Services Officer, specifying your disability rating.
- ❑ Require a wheelchair for mobility
- ❑ Knox County High School Student age 18 or under

If you are not in one of the categories mentioned above, you must read and sign the first portion of section B of the application and take this application to a licensed/certified health care professional to complete part B for health care certifications. Examples of licensed/certified health care professionals include those who are familiar with your disability and are licensed or certified in their field, such as Medical Doctor, Licensed Social Worker, Psychologist or Psychiatrist (etc.).

Please keep in mind that KAT may determine that an applicant is ineligible for participation in the Half Fare Program, including those individuals who have permanent or temporary conditions that may not affect their ability to make effective use of mass transit facilities and equipment.

Once this application is completed, return it to the KAT Customer Service Center at 301 Church Avenue, Knoxville, TN 37915. KAT will review the information to determine your eligibility. You will receive notification within 21 days. We will not accept faxed copies.

If you checked “I require a wheelchair for my mobility”, please review and initial the wheelchair policy below:

KAT Mobility Device Policy

Effective Date: June 1, 2018

The purpose of this policy is to establish procedures that address all safety and regulatory related issues relevant to the transportation of riding mobility devices. Any questions regarding this policy should be addressed to the KAT Customer Service Manager.

For the safety of our riders, KAT must request that all riders using a riding mobility device be weighed upon request. Because mobility aids exceeding the KAT vehicle fleet’s weight capacity represent a safety risk due to a likely increase of lift failure, KAT may refuse to board passengers traveling in mobility devices that do not conform to the weight per USDOT Regulation 49 CFR Part 38.

> *Section 49 CFR Part 38 of the USDOT regulations require transportation operators to carry a wheelchair and occupant if the lift and vehicle can physically accommodate them. The regulation continues to require that lifts have a minimum design load of 600 lbs. Nearly all KAT buses can now accommodate weight limits beyond the 600 pound maximum rating. The few buses with the 600 lb rating will be designated with a red dot and require wheelchair/passenger combinations that exceed the 600 lb capacity to board separately from their device.*

In addition, KAT requests that all wheelchair passengers use the lap belt on their chair for their safety.

All wheelchair and half-fare program participants must be recertified every three years. KAT reserves the right to re-evaluate an individual situation before that 3-year timeframe is up.

I have reviewed the KAT Mobility Device Policy and understand that my wheelchair/mobility device must meet the KAT bus fleet’s capacity listed in order for KAT to transport me. I also understand that the mobility device I am using at the time of my certification in is the one I must use when being transported on KAT vehicles. If I get a new mobility device, I must be recertified to use that device on KAT vehicles. I also understand that it is my responsibility to ensure that I meet the criteria listed above, and that I should use my lap belt for my safety. I also understand that this policy applies uniformly to all KAT vehicles.

_____(**Initials of mobility device user**)

Signature of Applicant: _____

KAT USE ONLY

WEIGHT:

IN CHAIR_____ MAKE/MODEL_____

ALONE _____ WIDTH_____ ☐ WIDTH 30 INCHES OR LESS

☐ BANDED? _____# LENGTH_____ ☐ LENGTH 30 INCHES OR LESS

SECTION B

I authorize the release of the information below to KAT or its designee for the purpose of determining eligibility for participation in the half-fare program. I am aware that KAT may determine that my application does not meet the criteria to be eligible for participation in the Half Fare Program.

Name (Print) _____ **Date** _____

Signature _____

To be completed by a healthcare professional.

Instructions to healthcare professional: KAT has a half-fare program for eligible disabled persons, and has developed eligibility criteria for this program based upon the Federal Transit Administration's (FTA) definition. Persons who qualify for the half-fare program are unable without special facilities or special planning or design to utilize public transportation facilities and services effectively. KAT has established the following as being necessary for effective use of mass transit.

- Negotiate a flight of stairs
- Board or alight from a standard bus
- Stand on a moving bus
- Read information signs
- Hear announcements by bus operators
- Pull the chord to signal an operator to stop the bus.

1. Does the applicant have a transportation disability that would qualify for participation in the half-fare program?
   - ❑ Yes
   - ❑ No
2. Is this transportation disability permanent?
   - ❑ Yes
   - ❑ No
3. In detail describe the condition that limits the applicant's ability to effectively use KAT buses based upon the functions described above.

To the best of my knowledge, the information contained in this form is correct.

Physician or Professional's Name: _____

Physician or Professional's Signature: _____

Physician or Professional's Office Phone Number: _____

Physician or Professional's Office Address: _____

License Number/State: _____

Licensure Title: _____ Date: _____