



**DODGE CITY PUBLIC TRANSIT**  
101 E. Wyatt Earp, Dodge City, KS 67801  
Phone: 620-225-8119 FAX: 620-225-8159  
[www.dodgecity.org/publictransportation](http://www.dodgecity.org/publictransportation)

## **D-TRAN HALF FARE PROGRAM**

**Age 60+ \* Disabled \* Low Income**

Individuals who qualify for D-TRAN's Half Fare Program are entitled to ride regular fixed route buses for one-half the regular fare. A special Half Fare ID card will be issued to eligible individuals who have qualified for the service by completing the application form. **D-TRAN's Half Fare ID card is required and must be shown when boarding the bus in order to receive reduced fare privileges.**

### **Who is Eligible?**

The Half Fare Program is available for individuals who are 60 years of age or older (with proof of age), low income individuals (as determined by an SRS Food Stamp verification letter, Medicaid Card, or School letter indicating Free or Reduced Price Lunch eligibility) and for those who have a physical or mental disability (verified by a qualified health professional such as physician, 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 SRS Food Stamp verification letter, Medicaid Card, or School letter indicating Free or Reduced Price Lunch eligibility. 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 the Santa Fe Depot Transit Center, 201 E. Wyatt Earp between 6:00 AM and 6:00 PM, Monday through Friday. The application will be processed and your eligibility will be determined. Upon acceptance into the program, you will be issued a Half Fare card.

### **Card Replacement**

If your card is lost or stolen, please notify Dodge City Public Transit immediately by calling 620-225-8160. Replacement ID's 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 620-225-8160 between 6:00 AM and 6:00 PM, Monday through Friday.



# HALF FARE PROGRAM APPLICATION FORM - PART I

**Please make sure the documents are SIGNED and DATED.**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip

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

Date of Birth: \_\_\_\_\_  
Month Day Year

**CHECK  
ONE**

**A. I am 60 years old or older**

Requires a valid driver's license, Kansas ID or Birth Certificate to verify age

\_\_\_\_\_

**B. My income is at or below eligibility requirements for SRS Food Stamps, Medicaid, or Free or Reduced Price School Lunch Program**

Requires a current Food Stamp verification letter, Medicaid Card, or School letter indicating eligibility for Free and Reduced Price Lunches.

\_\_\_\_\_

**C. I have a legally documented disability**

**You must have a qualified professional fill out and sign Part II.**

\_\_\_\_\_

I certify that the information provided is true and agree to release this information to D-TRAN for the purpose of obtaining a Half Fare card. I understand that the card is for my personal use and will not be transferred to any other person. I grant D-TRAN permission to verify the information given on Parts I and II of this form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## HALF FARE PROGRAM APPLICATION FORM - PART II

### To Be Completed By A Qualified Professional<sup>1</sup> Only

<sup>1</sup>Such as physician, registered nurse, physical or occupational therapist, psychiatrist, psychologist, mental health counselor, vocational counselor, rehabilitation specialist, independent living skills trainer or ophthalmologist.

To be eligible for the D-TRAN's Half Fare Program, your patient/client must have a physical or mental condition that falls within the criteria listed below. If you confirm that the patient/client is physically or developmentally disabled, that person will be eligible for reduced fares on D-TRAN's public fixed route bus services. All information provided will be held confidential.

#### A. Physical Disabilities

- 1. Restricted Mobility
- 2. Arthritis
- 3. Loss of Extremities
- 4. Cerebrovascular Accident
- 5. Cardio-pulmonary Disease
- 6. Dialysis
- 7. Acquired Immunity Deficiency Syndrome

#### B. Visual Disabilities

- 1. Legally Blind
- 2. Contraction of Visual Field

#### C. Hearing Disabilities

- 1. Legally Deaf

**D. Mental Disabilities**

\_\_\_\_\_ **1. Developmentally Disabled**

\_\_\_\_\_ **2. Epilepsy**

\_\_\_\_\_ **3. Autism**

\_\_\_\_\_ **4. Neurological Disabilities**

\_\_\_\_\_ **5. Organic Brain Syndrome/Emotionally Disturbed**

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

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

Does the applicant require a Personal Care Attendant (PCA) when traveling on transit vehicles?  
(Riders must provide their own PCA. If assisting a passenger with a verified need, PCAs are allowed to ride at no charge in both D-TRAN and Para-TRAN bus services.)

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

If a PCA is needed, explain why: \_\_\_\_\_

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

\_\_\_\_\_ **Health Professional Name**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Health Professional Signature**

\_\_\_\_\_ **Telephone**