



DO NOT MAIL BRING TO:

Kanawha Valley Regional Transportation Authority (KVRTA)
1550 Fourth Avenue
P.O. Box 1188
Charleston, WV 25324
304-343-0489

APPLICATION FOR HALF FARE PROGRAM - PHOTO ID

This application must be completed in order to comply with the requirements of the Fare Reduction Program adopted by the Board of the Kanawha Valley Regional Transportation Authority and approved by the Federal Transit Administration of the Department of Transportation.

Please complete this application and have it certified by a representative of any of the following:

WV DEPARTMENT OF HUMAN SERVICES
WV REHABILITATION SERVICES
V.A. MEDICAL CENTER
RECOVERY POINT
GOODWILL

PRESTERA
PERSONAL PHYSICIAN
DRUG COURT ONLY
REA OF HOPE, RN

Note: **Those persons possessing an authorized Medicare card need only to complete the front of this Application. No other certification is required.**

NAME _____

ADDRESS _____

PHONE _____

DESCRIPTION OF HANDICAP _____

PERMANENT _____ TEMPORARY _____ If temporary, anticipated length of treatment _____

BIRTH DATE _____ SEX _____ HEIGHT _____ WEIGHT _____ AGE _____

I hereby certify that the foregoing is true and correct.

SIGNATURE _____ DATE _____

A New Application is Required Every Year



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Section 16 (d) of the Urban Mass Transportation Act of 1964, as amended defines handicapped person as any individual who, for any reason of illness, injury, age, congenital malfunction or other permanent or temporary incapacity or disability, is unable without special facilities and services to function as effectively as persons who are not so affected.

The undersigned as (the personal physician for the applicant) or duly authorized representative

CERTIFYING AGENCY

I hereby certify that the applicant _____
Is a “handicapped person” within the meaning of the foregoing definition?

NAME & TITLE

AGENCY

PHONE

DATE