



RideKC Freedom is a paratransit program that provides ADA and non-ADA transportation service to eligible customers to travel in the service areas of the following public transportation agencies in the region:

Kansas City Transportation Authority (KCATA); Independence, MO; Unified Government Transportation (UGT) in Wyandotte County, KS; and Johnson County Transit in Johnson County, KS, all under the RideKC service brand. This is a shared-ride, advanced reservation, origin- to-destination service.

ADA Paratransit

The Americans with Disabilities Act (ADA) complementary paratransit services are available for customers who are unable to use fixed-route bus and streetcar services due to their disability. This service is offered in the KCMO metro area, Wyandotte County, KS and Independence, MO (coming soon to Johnson County, KS). Federal regulations define the service area as being within ¾ mile of a local fixed route when that route is in operation.

Non-ADA Paratransit

Non-ADA Paratransit services are offered in KCMO, Wyandotte County, KS, Independence, MO and Johnson County, KS. Each area has its own residence requirement, service area and pricing. Below are some of the general guidelines:

- **Independence, MO | Kansas City, MO | Wyandotte County, KS -**
If you are 65 or older and/or have a disability AND live in Independence, MO, Kansas City, MO or Wyandotte County, KS, you may be eligible for non-ADA RideKC Freedom service in these areas (called RideKC Freedom on Demand).
- **Johnson County, KS -**
If you are 65 or older, have a disability AND live in Johnson County, KS, you may be eligible for Johnson County Transit’s RideKC Freedom services and RideKC Freedom on Demand.

Email or Mail Completed Applications, proof of age (if applicable), professional/medical form (if applicable) **AND A COLOR PHOTO** to be used for an ID card (we must be able to see your face only in the photo):

Send completed applications and accompanying photo to:

Email: eligibility@kcata.org

Mail: RideKC Freedom Eligibility Office
1200 E. 18th Street
Kansas City, MO 64108

Reminders:

- If more information is required, you will be contacted.
- Incomplete applications delay processing (color photo is needed to be complete).
- Processing may take up to 21 business days from receipt of a complete application.

Please be sure to check this list before you submit your application:

- Did you complete the application?
- Did you remember to sign the form?
- Is a clear color photo attached?
- Is my medical form completed (needed for ADA paratransit)
- Customers applying based on age, please provide proof of age (NO ORIGINALS – copy of ID, birth certificate, etc.)

RideKC Freedom Eligibility | Phone: 816-842-9070, option 5 | Email: eligibility@kcata.org

Disclaimer: Completing this application does not automatically certify you for paratransit services. Some applicants may be required to go through a phone interview and/or functional assessment to assist in determining your level of eligibility. **All applicants will be notified by mail of the outcome of their application.** Processing may take up to 21 days from receipt of a completed application, to include completion of a phone interview and/or functional assessment, if required. You will be notified if either is required – you do not need to call.

Office Use Only: Date Received: ___/___/_____

Date Processed: ___/___/_____

Client ID: _____

New ___ Recert ___

PE ___ CO ___ TE ___ VI ___ NE ___

Processed by: _____

APPLICATION: Section 1 – General Information & Signature

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ___/___/_____ Last 4 Digits of SSN: _____

Gender: Male Female Non-binary Transgender

Veteran Status: Veteran Not a Veteran

Medicare: Yes No Medicaid: Yes No

Home Address

Street Number & Name: _____

City State & Zip Code: _____

Name of Complex/Facility/Subdivision: _____

Gate, Entry Codes/Instructions Needed: _____

Your Contact Info

Mobile Phone # _____

Other Phone # _____

Email _____

RideKC Freedom may send you emails/text notifications regarding your reservations and/or important service announcements. We will never share your personal contact information for outside marketing purposes.

Emergency Contact Information

Name – Relationship to customer Phone Number

Name – Relationship to customer Phone Number

Ethnicity: Please check the most appropriate choice

- American Indian or Alaska Native Asian
- Black or African American Hispanic or Latino
- Native American or Pacific Islander White
- Other Prefer not to say.

Primary Language: _____

APPLICATION: Section 2 – Personal & Mobility Information

How do you currently travel to your destinations?

- Drive yourself Family/Friend/PCA Bus Taxi/Uber/Lyft
 Other (*please specify*) _____

Can you get to and from the bus or streetcar stop nearest your home, by yourself? Yes No

If not, please explain: _____

Please describe the disability or health condition that prevents you from using the fixed route bus and/or streetcar system:

If this is a temporary disability or health condition, how long do you expect to need paratransit services?

Please check all that apply to you:

- White Cane 3 Wheel Scooter/Cart Leg Brace Support Cane
 Walker Service Animal Manual Wheelchair Crutches
 Portable Oxygen Power Wheelchair Prosthesis Do Not Leave Unattended
 Other (*please specify*) _____

If your mobility device is customized or differently sized, please include any specifications, notes and weight needed for us to successfully determine the correct vehicle type.

We may not be able to transport a mobility aid that exceeds the “common wheelchair” parameters as set forth in the ADA regulations, including a mobility aid that (1) is longer than 48 inches, measured two inches above the ground, (2) is wider than 30 inches, or (3) weighs more than 600 pounds when occupied. (49 C.F.R. Section 37.3 (2001))

If you checked “Do Not Leave Unattended” above, please explain: _____

Please note: If you require a personal care assistant (PCA), they will need to always travel with you. Drivers are unable to assist with anything outside of securing mobility devices, and to and from a door when needed. They are unable to perform duties such as carry bags, assist into a medical facility, etc.

Without the assistance of someone else, please check all that apply:

- | | | | |
|---------------------------------------|--|----------------------------|--|
| Board a bus | <input type="checkbox"/> Yes <input type="checkbox"/> No | Read/understand directions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Handle coins and transfers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Travel on a sidewalk | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Travel to nearest bus stop | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stand at a bus stop | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Identify correct bus | <input type="checkbox"/> Yes <input type="checkbox"/> No | Walk 1/2 a mile | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Climb a step or stair | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cross a street | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Balance while seated | <input type="checkbox"/> Yes <input type="checkbox"/> No | Grip handles and railings | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Give address and phone number | <input type="checkbox"/> Yes <input type="checkbox"/> No | Recognize landmarks | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wait outside for more than 15 minutes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Travel through crowds | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Certification of Information & Signature

I understand the information provided on this application is true and correct to the best of my knowledge. The purpose of this application is to determine if I am eligible to use these services. I understand falsification of information could result in loss of paratransit services as well as penalty under law.

Should I qualify for services, I authorize the transit agency and its operating partners to contact me or my emergency contacts for any trip-related communications.

I agree to notify RideKC Eligibility within 10 days if there is any change in my circumstances (including a change in my mobility device) or if I no longer need to use the transportation services.

Applicant Signature: _____

If this application has been completed by someone other than the person requesting certification, the person completing the application must provide the following:

Name: _____

Preparer's Signature

Relationship to Applicant

Important Information

If you are applying for an Age Only application, your next step is to submit this application with PROOF of Age and a color photo. You DO NOT need to continue further.

If you have a disability and are applying for ADA transportation services, please proceed to Application Section 3, and read instructions on Application Section 4. You will also need a color photo with your completed application.

APPLICATION: Section 3 – Applicant’s Release for Information

I understand that the purpose of this evaluation form is to determine my eligibility for ADA service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I hereby authorize my medical representative to release all information regarding my medical condition to RideKC Freedom (and contracted partners) as it applies to this evaluation.

Signature of Applicant

Date

Signature of Preparer (if other than applicant)

Date

Preparer Print Name

Relationship to Applicant

(We suggest you send Application Section 3, along with Application Section 4, to your licensed professional)

APPLICATION: Section 4 – Professional / Medical Form

The applicant has requested eligibility for RideKC Freedom paratransit, which is a curb-to-curb or door-to-door, shared-ride service for people whose disabilities or health conditions prevent them from riding the fixed route buses all or part of the time. Eligibility is not based on medical diagnosis, age, inconvenience, or income. Note all fixed route buses are equipped with ADA-accessible features, such as low-floor buses, lifts/ramps, audio announcements, designated priority seating areas for people with disabilities, enhanced signage, kneeling buses, and handrails.

As the applicant's healthcare provider or case manager, you are uniquely qualified to clarify the applicant's functional abilities and limitations to ride the bus, and the information you provide will assist in determining your patient's need to use paratransit for some or all their transportation needs. All information on this form will be strictly confidential and will not be released. If you have any questions about this form or the RideKC Freedom program, please call our mobility team at 816-842-9070, option 5, or email eligibility@kcata.org.

The information you provide must be based solely upon the applicant having an actual physical or mental impairment that substantially limits one or more major life activities. Thank you for your valuable feedback:

Applicant Name

Date of Birth

What is the applicant's disability or condition and how does it prevent them from using the RideKC fixed route bus services?

Please check all that apply to the applicant:

- Cognitive Impairment Hearing Visual Neurological
 Uncontrolled Fatigue Emotional
 Other (*please explain*) _____

Is the applicant's disability or condition permanent or temporary? _____

If temporary, what is the duration? _____

Are any of the following affected by the individual's disability (check all the apply):

- Orientation Monitoring time Gait or balance Problem solving
 Judgment Short term memory Long term memory Communication
 Do not leave unattended in vehicle** Inappropriate social behavior**

**Please explain if applicant can't be left unattended in a vehicle or conditions of inappropriate social behaviors:

If applicant is currently taking prescribed medication(s), does this medication enhance or diminish the individual's functional ability to travel independently? Yes No

If yes, please explain: _____

Certification of Professional/Medical Form

I, the undersigned, certify the medical information provided on the ADA Application is true and correct. I understand providing false or misleading information constitutes fraud and may cause the applicant to have transportation eligibility, if designated, to be revoked.

Licensed/Professional Signature

License Number (if applicable)

Licensed/Professional Name (Print legibly)

Date

Contact Phone Number

Contact Email