



Half Fare Program

For Persons Age 65 and older, Medicare Recipients, Approved Paratransit Riders

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

Eligibility:

The Half Fare Program is available for:

- Persons age 65 or older
- Medicare recipients
- Person with disabilities (verified by a licensed physician)

Steps to apply for a Half Fare ID Card:

1. Complete the Half Fare Program Application Form
2. **65 or Older:** Verification of age is required. Accepted documents are valid driver's license, Kansas ID or birth certificate.
Medicare Recipients: Provide Medicare card and photo ID.
Paratransit Riders: Provide photo ID and Paratransit Client Number.
3. Once completed, return application and verification between the hours of 7:30am and 4:30pm Monday through Friday to:
Wichita Transit Center
214 S. Topeka
Wichita, KS 67202
4. Your application will be processed and eligibility will be determined. Once approved, you will be issued a Half Fare ID card.

Card Replacement

There is no charge for the initial ID card. If your card is lost or stolen, please notify Wichita Transit immediately by calling 316-265-7221. Replacement ID's will be issued at a cost of \$2.00 per card.

Wichita Transit reserves the right to determine approval of the Half Fare Program. A Half Fare ID Card will not be issued if application fails to provide properly completed application form, failing to provide proper verification or correct payment for replacement cards. Cards used improperly will be confiscated and privileges will be revoked.

If you have any questions about the Half Fare Program, please call 316-265-7221 between 6:00am-5:30pm Monday through Friday.



Half Fare Program Application Form

For Persons Age 65 and older, Medicare Card Recipients, Approved Paratransit Riders

Name: _____
Last First M.I

Address: _____
Street City Zip

Phone Number: _____ Date of Birth: _____

- Select One
- A. **I am over 65 years old** _____
Requires a valid driver's license, Kansas ID, or birth certificate
- B. **I have a Medicare Card** _____
Requires your Medicare Card and a photo ID. (Kansas Medicaid recipients do not automatically qualify)
- C. **I am an approved Paratransit Rider** Requires Client ID # _____

I certify that the information provided is true and agree to release this information to Wichita Transit for the purpose of obtaining a Half Fare Program ID Card. I understand that the card is for my personal use and will not be transferred to any other person. I grant Wichita Transit permission to verify the information given.

Signature of Applicant

Date