



Reduced Fare ID card application

APPLICANT'S INFORMATION: (Please Print)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ SEX: M _____ F _____

I hereby authorize release of all case and income information to and from the City of Columbia Transit to and from other agencies and vendors for the purpose of reaching a determination on my request for reduced bus fare.

The information provided by me is true in all respects. I acknowledge that any false or misleading information provided herein will automatically render me ineligible for reduced bus fare.

Signature of Applicant **Date**

CERTIFICATION:

I, _____, certify that I am eligible for the reduced fare program based upon the following category:

- MO HealthNet (Medicaid)
 TANF
 Temporary Medicaid for Pregnant Women
 LIHEAP (Low Income Home Energy Assistance)
 WIC
 Food Stamps
 Temporary and/or Permanent Disability
 Income eligible (Household income less than 185% of Federal Poverty Level, see chart)

Federal Income Chart 02/01/18 to 02/28/19			
Household Size	Yearly	Monthly	Weekly
1	22,459	1,870	432
2	30,451	2,536	586
3	38,443	3,202	739
4	46,435	3,868	893
5	54,427	4,534	1,047

 Approving Agency

 Staff Signature

 Card Issued Date

 Expiration Date