

# TRANSPORTATION AGENCY

CELIA M. MAHIKOA, EXECUTIVE

LEONARD T. PETERS, ASSISTANT EXECUTIVE



DEREK S.K. KAWAKAMI, MAYOR  
MICHAEL A. DAHLIG, MANAGING DIRECTOR

## The County of Kaua'i Transportation Agency Application Form for The Kaua'i Bus Reduced Fare ID Card

Applicant's Name: \_\_\_\_\_  
Last First Middle Initial

Mailing Address: \_\_\_\_\_  
P.O. Box or Street City State Zip Code

Phone #: \_\_\_\_\_ Identification (check one):  HI Driver's License  HI ID

Other ID (Specify): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

### Terms of Usage and Release of Medical Information

I declare under penalties of penal law, as noted in the County of Kaua'i Code; Title VI; Chapter 17A, that the statements contained herein are to the best of my knowledge true and accurate and that I have not knowingly given a false statement or given information, which I know to be false. I have read and understand the terms of The Kaua'i Bus Reduced Fare ID Card usage below and I agree to abide by them.

I also authorize my Physician to release medical information necessary to process this application. I understand that information regarding my disability will be used solely to determine my eligibility for discounted transportation services on The Kaua'i Bus.

I understand that, as noted in the County of Kaua'i Code; Title VI; Chapter 17A, The Kaua'i Bus Reduced Fare ID Card cannot be used by anyone other than me. The Kaua'i Bus Reduced Fare ID Card must be visible to the bus operator when I board the bus and it does not allow me to ride for free. If my The Kaua'i Bus Reduced Fare ID Card is lost or stolen, it cannot be used by anyone else and I must notify the Transportation Agency immediately. If it is found and misused, the user will be fined. The Kaua'i Bus Reduced Fare ID Card will be valid up to two years. I must reapply to be eligible for this program, if available, prior to expiration of my Reduced Fare ID Card.

Note: \$10.00 charge to replace lost or stolen The Kaua'i Bus Reduced Fare ID Cards. After three (3) replacements, I must complete another application form certified by my physician.

\_\_\_\_\_  
Applicant's (or Authorized Representative's Signature):

\_\_\_\_\_  
Date:

In order for us to evaluate your application for a The Kaua'i Bus Reduced Fare ID Card, you must have your Licensed Practicing Physician certify that you are eligible for this program. Only Physicians are able to certify this form. Once the information on the reverse side of this page is completed by your Physician, the completed form must be submitted to The County of Kaua'i Transportation Agency for processing. If any information is missing, the form will be returned to you. In the meantime, you must pay the \$2.00 bus fare when riding The Kaua'i Bus. You will be required to come into the County of Kaua'i Transportation Agency office to take your picture for The Kaua'i Bus Reduced Fare ID Card.

Please bring in your completed application form and photo I.D. to:

County of Kaua'i Transportation Agency  
3220 Ho'olako Street  
Lihue, Hawaii, 96766



**The County of Kaua'i Transportation Agency  
Application Form for Kaua'i Bus Reduced Fare ID Card**

**TO BE COMPLETED BY A LICENSED PHYSICIAN**

I, \_\_\_\_\_, certify that the above applicant qualifies for a The Kaua'i Bus Reduced Fare ID Card under one of the following categories:

\_\_\_ The applicant has a physical or mental disability, which clearly demonstrates that the person experiencing such disability is unable, without difficulty or assistance, to use The Kaua'i Bus system.

\_\_\_ The applicant has an incapacity or disability which limits his/her ability to perform one or more of the following functions necessary for the effective use of The Kaua'i Bus system's facilities without significant difficulty (check all that apply):

- \_\_\_ Negotiating a flight of stairs or ramp;
- \_\_\_ Boarding or alighting from a bus;
- \_\_\_ Reading informational signs; or
- \_\_\_ Walking more than 200 feet

Description of Disability: \_\_\_\_\_

Condition is: \_\_\_ Permanent \_\_\_ Temporary Duration if Temporary: \_\_\_\_\_

A Personal Care Attendant (PCA) is required for the applicant to travel: \_\_\_ Yes \_\_\_ No

If YES, please list the name(s) of PCA(s): \_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN PLEASE READ CAREFULLY**

I understand that per HRS 291, Part III, if I as a physician fraudulently verify that \_\_\_\_\_  
*Applicant's Name*  
is a person with a disability to enable the applicant to obtain a Kaua'i Bus Reduced Fare ID Card, I shall be guilty of a petty misdemeanor and each fraudulent verification shall constitute a separate offense.

Physician's Name: \_\_\_\_\_  
*Last* *First* *Middle Initial*

Mailing Address: \_\_\_\_\_  
*P.O. Box or Street* *City* *State* *Zip Code*

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Medical License #: \_\_\_\_\_

The County of Kaua'i Transportation Agency will review this certification to determine the applicant's eligibility for The Kaua'i Bus Reduced Fare ID Card.

County of Kaua'i Transportation Agency Use Only

Approved \_\_\_ Date: \_\_\_\_\_ Denied \_\_\_ Reason: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_