

Share A Fare Application

to be completed by certifying authority.
(Doctor, Nurse, Optometrist, or Rehabilitation Counselor)

* * For questions about Share A Fare in Kansas City, Missouri please click <http://www.ridekc.org/> or call 816-842-9070.

Certifying Authority:

Please complete the below application for the Share A Fare program for your patient/client/consumer and send to:

Share A Fare, Inc.
PO Box 6253
Omaha, NE 68106-0253

Alternatively, you may complete the online application at www.shareafare.org/application.

If providing a post office box as a primary mailing address, we also require, for geographical purposes, a physical street address of residency. Without this information, we will be unable to process your application.

For more information:

Phone: 402-827-9814

Website: <https://www.shareafare.org>

Applicant's Information:

Applicant's First and Last Name: _____

Date of Birth: _____ Gender: _____

Primary Phone: _____ Alternative Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____

For Mailing Address (if different from above): _____

Email (print clearly): _____

Are you a current or former member of the military? ____ Yes ____ No

Race(s) with which you identify: _____

How did applicant hear about Share A Fare? _____

Certifying Authority's Information: (All fields below must be completed before final approval is determined.)

Does applicant have Low Vision or Legal Blindness?

☐ **Low Vision:** Visual Acuity of 20/80 or less in the better eye with correction and/or visual field is no greater than 100 degrees

☐ **Legal Blindness:** Blind in one eye and a visual acuity of 20/60 or less in other eye with correction.

Medical Cause of Blindness or Visual Impairment: _____

Additional disabilities/health conditions the applicant experiences. (optional)

☐ I hereby certify that this individual does not drive and **is eligible** for the Share A Fare program.

Certifying Agent's Name: _____

Certifying Agent's Title: _____

Certifying Agent's phone: _____

Certifying Agent's address: _____

Certifying Agent's email address: _____

Certifying Agent's Signature: _____ Date: _____