



The Special Discount Program makes it easy for individuals with disabilities to qualify for reduced fares on RTD services.

### APPLICATION INSTRUCTIONS

- All applicants are required to complete Sections 1, 2, and 3.
- If applicant has a qualifying medical disability then he or she is also required to complete Section 3 and must request a doctor to complete and sign the required fields in Section 3.
- Include a copy of the valid government issued photo ID.
- Include documents proving eligibility from Section 2.
- Include the complete medical certification in Section 3.
- Submit completed application in person or by email (see section 4).

### SECTION 1: APPLICANT INFORMATION

(All fields in Step 1 are required.)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Email Address (if applicable) \_\_\_\_\_

I declare under penalty of perjury under the State of Colorado that the information I have given is true and correct. I understand that I may lose the use of my Special Discount Card if I misuse the card, or if I mark, tag, or damage transit agency property. I understand that my Special Discount Card is non-transferable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 2: CARDHOLDER DISABILITY VERIFICATION

Check the one document you are submitting to verify eligibility. If you are submitting by email then a clear photo copy must be included along with a copy of a valid government issued photo ID, such as: Driver's license, passport, U.S. Military ID, permanent resident card.

- Social Security Disability Insurance or Supplemental Security Income:** Applicant must provide printout of their Social Security Benefits statement with the words "disabled individual" dated within the last year.
- Medicare Validation:** Applicant must submit a copy of their Medicare card (not Medicaid).
- Disabled Veterans Validation:** Applicant has a service-connected disability and must submit a copy of a benefit letter from the Veterans Administration. The letter must state the disability is over 50% service connected and dated within the last year.



**Health Care Provider’s Validation:** Application must be completed by an M.D. or D.O. **ONLY.**

- The healthcare provider statement certifying the individual qualifies for a Special Discount card with a qualifying disability. An individual with a **disability** is **defined** by the **Americans with Disabilities Act (ADA)** as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

A physical disability, may include but is not limited to:

- Respiratory, cardiac, or neurological disabilities, a person receiving dialysis, living with AIDS, MS or chronic progressive debilitating disease.
- A disability that affects mobility, including but not limited to: people who are non-ambulatory, use a mobility aid, have arthritis or an amputation
- A person who is blind or visually impaired
- A person who is deaf or has a hearing disability
- An intellectual disability or developmental disability
- A psychiatric disability that is chronic in nature

For additional disability information please visit <https://www.ada.gov/>

### SECTION 3: MEDICAL PROVIDER INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email

I hereby certify that the applicant has a qualified disability under the ADA In my professional judgment the applicant’s disability is expected to continue for: (Check one only)

- 3 months   
  6 months   
  9 months  
 1 year   
  2 years   
  3 years   
  4 years   
  5 years

I understand that failure to certify applicant disabilities in accordance with the above guidelines will result in cancellation of my certification privileges. I am legally licensed as a \_\_\_\_\_ in the State of \_\_\_\_\_ and under the penalty of perjury, I hereby declare that the information provided is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of examination (within the last 90 days)

**SECTION 4: SUBMIT APPLICATION****In Person**

Submit your completed application along with one of the verification documents to RTD's administration office at:

- 1660 Blake St., Denver, CO 80202, Monday – Thursday from 9 a.m. - 12 p.m. and 1:00 p.m. - 4 p.m.  
Friday 9 a.m. – 12 p.m. and 1 p.m. - 3 p.m.
- Special Discount Cards will not be available on the following days: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day (and day after), and Christmas Day.

**Pass-by-mail**

**Please ensure every step is followed before emailing this application.** If items are missing then your pass will not be mailed to you. Passes will be mailed to the address specified on the application within 15 business days from the date the application is received. Please do not email requesting status of your pass if it has been less than 15 business days.

All items below should be included in one email and sent to: [specialdiscount@rtd-denver.com](mailto:specialdiscount@rtd-denver.com)

1. A current full-face photo with no hats or sunglasses on a neutral background.
2. Completed Special Discount Application with required signatures.
3. Copy of one approved "Age Verification" documents listed on the application.
4. Your name and Special Discount Card for Individuals with Disabilities in the Subject line of the email.

Should you prefer to complete a hard copy of the application, mail application and necessary documents in one envelope to:

RTD Special Discount  
1660 Blake St., BLK-12  
Denver, CO 80202

Please do not send originals as items will not be returned.

**For program questions or to replace a lost or stolen Special Discount Card**

- Contact RTD Special Discount at 303-299-2667 or [specialdiscount@rtd-denver.com](mailto:specialdiscount@rtd-denver.com)
- A non-refundable, \$5 replacement fee applies
- Damaged cards must be returned to RTD to be replaced at no charge.

**To review RTD's discount fare policy**

- [rtd-denver.com/DiscountFares.shtml](http://rtd-denver.com/DiscountFares.shtml)

**For route and schedule information**

- Contact Customer Care at 303-299-6000
- Visit RTD's trip planner at [rtd-denver.com/app/plan](http://rtd-denver.com/app/plan)