



Special Discount Card Application Instructions

- All applicants are required to complete Sections 1 and 2. Section 3 must be completed if SSI, SSDI, Medicare, or disabled veterans validation is not available
- Include a copy of the valid government issued photo ID, such as: Driver's license, passport, U.S. military ID, permanent resident card
- Include documents proving eligibility from Section 2 (if applicable)
- Include full-face color photo on a neutral background
- 3 Ways to submit your application:
 1. Email application and attachments to: specialdiscount@rtd-denver.com (preferred)
 2. Mail application and attachments to:
RTD Special Discount
1660 Blake St, BLK-12
Denver, CO 80202
 3. Drop off at any of the RTD Sales outlets locations:
 1. Civic Center Station
1550 Broadway, Denver CO 80202
 2. Union Station Bus Concourse (underground)
Chestnut Place & 17th St, Denver, CO 80202
 3. Boulder Junction at Depot Square Station
3175 Pearl Pkwy Boulder, CO 80301
- Discount cards will be mailed out to the address provided on the application within 10 business days upon receiving your application

For program questions or replacement Discount Cards

- Contact RTD Special Discount at 303-299-2667 or specialdiscount@rtd-denver.com

SECTION 1: APPLICANT INFORMATION

(All fields in Step 1 are required.)

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Email Address (if applicable) _____

By signing, I attest that the information on this application is true and correct. (If applicant is unable to sign, the signature of a conservator is required.)

Signature of Applicant (Parent/Guardian must sign if the applicant is under 18 years)

Signature _____ Date _____

SECTION 2: CARDHOLDER DISABILITY VERIFICATION

Check the one document you are submitting to verify eligibility.

- Social Security Disability Insurance or Supplemental Security Income:** Applicant must provide printout of their Social Security Benefits statement with the words “disabled individual” or “DI” 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., D.O., N.P., or P.A. **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 **American 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)