Application Walk-Through: RTD LiVE Program
September 2019

www.peakoutreach.com

RTD LiVE Program

Benefits

- 40% discount on RTD Bus and Train Fare:
  - 3-Hour Pass
  - Day Pass

LiVE FARE PRODUCTS

	Local	Regional	Airport
3-Hour Pass MyRide Smart Card	$1.80	$3.15	$6.30
3-Hour Pass RTD Mobile Tickets app	$1.80	$3.15	Upgrade required
3 Hour Pass* 10-Ride Ticketbook	$18.00	$31.50	Upgrade required

	Local	Regional/Airport
Day Pass RTD Mobile Tickets app	$3.60	$6.30

* Only available to nonprofit organizations

Eligibility

- Meet income qualification threshold (185% FPL)
- Must live in the RTD Service Area.
  - RTD District includes: Denver, Boulder and Jefferson counties; and parts of Broomfield, Adams, Arapahoe, Douglas and Weld counties.
- Must be between the ages of 20 and 64.
  - *RTD offers discounted fare programs for qualified youth, seniors, and those with disabilities.*
- Must provide a photo and in some instances, income verifications to qualify.

COLORADO PEAK

Select Apply for Benefits to begin.

Apply For Benefits

Welcome to Colorado PEAK®! Here's what you need to know before you get started:

- Only use the Next or Back button at the bottom of each page to move throughout the application.
- Give yourself enough time. It takes most people 30-60 minutes to fill out an application.
- Click here to make sure you have all the information you will need to complete the application.

Choose from the options below to apply.

Create an Account to Apply	Edit or Finish an Application	Apply as a Guest
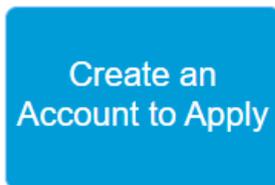
Use a valid email address to create a PEAK account so you can:

- Save your application and finish it later
- Track application status
- Access your benefit letters
- Make payments and check your benefit balance
- Print your medical card
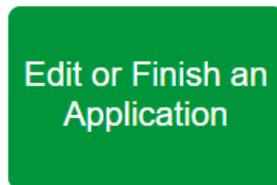
Sign in to your PEAK account to edit or finish a saved application that you already started.
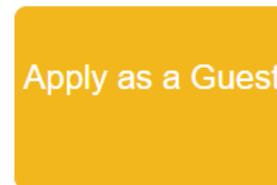
Apply as a guest and complete the whole application at once. Note: You cannot save your application and return to it later if you do not create a PEAK account.

You do not have to provide an email address to apply as a guest.

PEAK Navigation Tips:
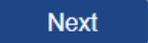
Use the Next [Next] and Back [Back] buttons in the bottom right corner of each page to move through the PEAK application.

Do not use the arrow ← refresh ↻ and Stop ✖ buttons on your web browser. Using these buttons can cause problems with loading PEAK pages and submitting your information.

Apply with an account or as a guest
- An account requires a valid email address.
- Applying as a guest does not require an email address.
  - Users applying as a guest must complete their application in one sitting.
- Navigation tips provides information about using PEAK page buttons.

ACTIVELY ENROLLED IN MEDICAL, FOOD OR CASH ASSISTANCE BENEFITS
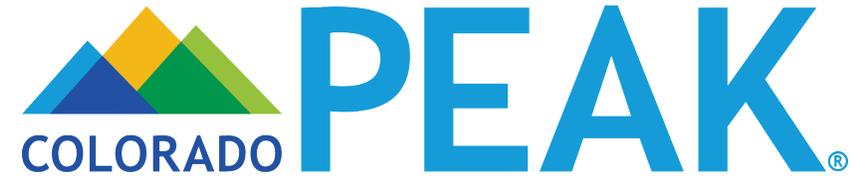
Select **Manage My Account** or **Sign In** to begin.

For those with an existing account, enter the Username (Email Address) and Password to login.

- For those with existing benefits, who do not have a PEAK account, please select Create an account and follow the account creation process.
- For those who have forgotten their password or username, select the applicable link to access account information.
- Please note, if you no longer have access to the email address associated with an existing PEAK account and you do not know your password, please create a new account.

Manage My Account

Application Status

Tracking #	Programs	Application Start Date	Application Submit Date	Status
305	Medical Assistance	09/24/2018	09/24/2018	Submitted

If your application has not been processed, click here for more information about how long it may take to get an answer about your application.

If you have a medical, food, or cash assistance case, click the Report My Changes tab on the left if you want to request Medical Assistance for additional people on your existing case.

If you applied for Child Care Assistance, please contact your county of residence for more information about your case. Your PEAK account currently only displays information for medical assistance, cash assistance, food assistance, and Nurse Family Partnership.

Click the Start New Application button below to start a new application.

Start New Application

Shop for a Health Insurance Plan

To learn about your options to enroll in a health insurance plan through Connect for Health Colorado, Colorado's marketplace for private health insurance, click the button below.
Even if people in your household qualify for Medical Assistance benefits, you can choose to buy a full-price private health insurance plan. This is optional. Health First Colorado and CHP+ members do not have to consider, or enroll in, other health insurance options. If you choose to buy private health insurance, it could affect your Health First Colorado or CHP+ Medical Assistance benefits. To learn more, go to ConnectforHealthCO.com

CONNECT for HEALTH COLORADO

Continue to Connect for Health Colorado

Questions? Please contact us. ☎ 1-800-250-7741 (7:30 a.m. to 5:15 p.m. - M-F)

Sidebar navigation
> Overview
Benefits
Report My Changes
Redetermination / Recertification
Payments
Express Lane Eligibility
Communications

Annotation (right panel)

The *Overview* page for a PEAK account holder whose submitted application has not yet received an eligibility result.

Status Categories Include (Blue text are hyperlinks to associated detail):
- Submitted
- Received
- Under Review
- Application Complete
- Not Submitted
- Verification Needed
- Application Partially Processed

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On the left-hand navigation, click *Benefits*.

If you have an open, active medical, food, or cash assistance case, click the Report My Changes tab on the left if you want to request Medical Assistance for additional people on your existing case.

Click here for information on finding providers and accessing care.

Click the Start New Application button below to start a new application.

Start New Application

Shop for a Health Insurance Plan

To learn about your options to enroll in a health insurance plan through Connect for Health Colorado, Colorado's marketplace for private health insurance, click the button below.
Even if people in your household qualify for Medical Assistance benefits, you can choose to buy a full-price private health insurance plan. This is optional. Health First Colorado and CHP+ members do not have to consider, or enroll in, other health insurance options. If you choose to buy private health insurance, it could affect your Health First Colorado or CHP+ Medical Assistance benefits. To learn more, go to ConnectforHealthCO.com

CONNECT for HEALTH COLORADO

Continue to Connect for Health Colorado

...scroll down the page to find the button that says *Start New Application*.

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Español   Help   Sign Out

Which Benefits Would Your Household Like to Apply For?

1 **Start**

2 People

3 Assets

4 Income

5 Bills

6 Submit

The first step is to tell us which benefits **your household** would like to get by checking the box for each benefit your household would like to apply for. Later you will have the opportunity to select specific programs for each person in your home as you complete the application. Click the Next button at the bottom of the page to continue.

☐ **Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, or Tax Credits and Cost Sharing Reductions through Connect for Health Colorado)** Show Details
☐ **Food Assistance** Show Details
☐ **Colorado Works / TANF - Cash Assistance for Families with Dependent Children** Show Details
☐ **Adult Financial - Cash Assistance for disabled or individuals over the age of 60** Show Details
☐ **Child Care Assistance (CCCAP)** Show Details
☐ **Nurse-Family Partnership (NFP) for first-time moms** Show Details
☐ **Head Start** Show Details
☐ **Low Income Energy Assistance Program (LEAP)** Show Details
☐ **SafeCare Colorado** Show Details
☐ **Women, Infants and Children (WIC)** Show Details
☑ **LiVE Transit Program (RTD)** Hide Details

The Regional Transportation District (RTD) provides bus and train service in Denver, Boulder, and Jefferson counties; and in parts of Broomfield, Adams, Arapahoe, Douglas, and Weld counties. The RTD LiVE Program is designed to make transit more affordable for individuals with a household income at or below 185 percent of the Federal Poverty Level who live in the RTD service area and do not qualify for other RTD fare discounts, which offer higher savings. These discounts are available to youth ages 19 and under, seniors 65+, Medicare recipients, and individuals with disabilities who have an RTD Special Discount card.

The LiVE Program does not apply to Access-a-Ride and RTD Special Services.

IMPORTANT! Your application will not be processed until you have uploaded a photo and any needed documents for income verification.

1. For each applicant, you must upload a recent color photo on neutral background that clearly shows their face. RTD will use the photo to issue an identification card that will allow the applicant to use the discounted LiVE tickets and passes. If the bus driver or fare inspector cannot recognize the passenger in the photo, they will have to pay full fare.

2. Unless all applicants are enrolled in certain Medical, Cash, or Food Assistance programs, you also need to upload documentation for current household income.

Information for individuals with disabilities

Back   Save   Save & Exit   Next

On the *Which Benefits Would Your Household Like to Apply For?* page, program selection for the household is made.

- The PEAK application customizes to prompt only the questions needed for the program(s) selected.

- When LiVE Transit Program (RTD) is selected, PEAK asks the questions needed to determine eligibility for the benefit option.

- **Help Button:** page level details/information.

- **Online Assistance:** chat with a representative for Medical Assistance or PEAK Technical Support.
  - Please note, Online Assistance will only display when available.

- **Help Icon:** question-specific details/information.

Application Location is used to track where people are applying from.
- This is used for internal reporting purposes only.

Helping You Apply allows users to capture additional details about someone who may be applying on their behalf.
- Authorized representatives and legal guardian/power of attorney take legal responsibility for the application.

Getting Started

Note: It is best to fill out as much of the application as you can before submitting it. However, applications for Food Assistance, Colorado Works, and/or Adult Financial programs may be submitted with only your name, address, and signature. You will be contacted for any additional information that is needed to complete the application.

> **1 Start**
>
> 2 People
>
> 3 Assets
>
> 4 Income
>
> 5 Bills
>
> 6 Submit

Information About You

*Legal First Name
`Travis`

Middle Name
`                    `

* Legal Last Name ?
`Bicycle`

Jr, Sr, etc
`-  ▼`

* Sex ?
◉ Male   ○ Female

* Date of Birth Ex: mm/dd/yyyy
`08/01/1989` 📅

Preferred Spoken Language
`English          ▼`

* Preferred Written Language
`English          ▼`

Where You Live

Are you a participant in the Address Confidentiality Program (ACP)? ?
○ Yes   ○ No

☐ I have no home address/I am homeless right now.

* Street #
`████████████`

* Street Name
`██████████`

Unit Type
`< click here to choose > ▼`

Unit #
`          `

* City
`Longmont`

* State
`Colorado          ▼`

* Zip
`80501`

*Is your mailing address the same as your home address?
◉ Yes   ○ No

The *Getting Started* page captures information about the head of household. Complete and accurate information should be provided.

- Legal names should be used. Hyphenated or two last names should be entered without a space or hyphen: E.g., SmithJohnson.

- Confirm Date of Birth before moving forward.
  - If calendar function is used, it defaults to current year.
  - The Spanish translation of the calendar uses a DD/MM/YYYY format.

- Address Confidentiality Program is available for those who participate, as an alternative to providing home address. For applicable households, information from the ACP card should be entered.

- The only special characters that may be used in the address fields are forward slash (/) and dash (-).

- For those who select no home address, a county must be selected from the drop-down menu.

Mailing Address

If you do not want us to send any letters about your benefits to the address you have given above, give us the mailing address where we should send your letters instead.

☐ This address is a PO Box

☐ I have no mailing address. ❓

Street #

Street Name

Unit Type

< click here to choose > ▾

Unit #

City

Longmont

State

Colorado ▾

Zip

80501

County

< click here to choose > ▾

[Back] [Save] [Next]

- If the mailing address is a PO Box, "This address is a PO Box" should be selected to ensure mail is delivered correctly.

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It is important that a phone number is provided where a voicemail message can be left and responded to.
- Phone numbers will be used to call and/or leave a voicemail.
- If a phone number listed is unable to receive phone calls, another form of contact should be provided.

Users can indicate the best time and method of contact if any additional information needs to be gathered to complete the eligibility determination process.

Font Size Preference is applicable only to Medical Assistance correspondence.

Basic Information Summary

1 Start

2 People

3 Assets

4 Income

5 Bills

6 Submit

Here is a summary of what you have told us. If you would like to change your answers **to any of the fields in this section, whether they are shown on this summary screen or not,** or finish a section, click on Change or Add. If you would like to remove something, click on X.

Basic Information Summary

Who	Address	County	Action
Travis Bicycle (29)	▓▓▓▓▓▓LONGMONT ,CO 805011906	Boulder	Edit

Contact Information Summary

Home Phone	Email	Notification Method	Font Size Preference	Action
999-999-9999	travis@peak.com			Edit

Help From Others

Representative / Assister	Type	Action

To add a representative / Assister, please choose the type of representative and click the "Add" button.

Type: [< click here to choose > ▼]   Add

Program Selection

Here are your answers to the other questions in this section. Take a look and make sure your answers are correct. If they are not correct, you can check or uncheck the boxes to change your answers.

☐ **Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, or Tax Credits and Cost Sharing Reductions through Connect for Health Colorado)** Show Details

☐ **Food Assistance** Show Details

☐ **Colorado Works / TANF - Cash Assistance for Families with Dependent Children** Show Details

☐ **Adult Financial - Cash Assistance for disabled or individuals over the age of 60** Show Details

☐ **Child Care Assistance (CCCAP)** Show Details

☐ **Nurse-Family Partnership (NFP) for first-time moms** Show Details

☐ **Head Start** Show Details

☐ **SafeCare Colorado** Show Details

☐ **Low Income Energy Assistance Program (LEAP)** Show Details

☐ **Women, Infants and Children (WIC)** Show Details

☑ **LiVE Transit Program (RTD)** Show Details

Back   Save   Next

A *Basic Information Summary* allows review and editing.

The *People in the Household* page collects demographic and program information for each household member.

- Complete and accurate information for all household members should be provided as their information may be relevant to the eligibility of household members who are applying.
  - Including for those who are not applying.
  - Provide legal first and last names.
- Individual program selection may be made.
  - The option of "Not applying" is available for each person.
- Ethnicity/Race are optional questions, and have no bearing on eligibility. This information is used to ensure program benefits are being distributed without regard to race, color, or national origin.

Race: ❓
☐ American Indian or Alaska Native
☐ Native Hawaiian/Other Pacific Islander
☐ Black/African American
☐ White/Caucasian
☐ Asian

☐ Other/Unknown

Tax Filer Information

*Does this person plan to file a Federal Income Tax Return?
◉ Yes   ○ No

*What is this person's tax filing status? ❓

[Married Filing Jointly ▾]

Add Another Household Member

Do you want to add another person to your household?(Who you should add) ❓
◉ Yes   ○ No

Back   Save   Next

- Tax Filer Information is necessary to determine eligibility for the RTD LiVE Program.

- Details about who should be added can be accessed via the (Who you should add) hyperlink.

Citizenship

Does Travis have a Social Security Number? ❓

⦿ Yes ○ No

Social Security Number ❓   Confirm Social Security Number

████████████   ████████████

Back   Save   Next

Start ✔

2 People ❯

3 Assets

4 Income

5 Bills

6 Submit

Online Assistance   🌐 Español   ❓ Help   ↪ Exit

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Citizenship **information is prompted for each person in the household.**

- When available, enter the applicants Social Security Number.
  - Note: Social Security Numbers are not required in order to be eligible for the program.

- Applicants Social Security Number will be used to determine if they have existing Medical, Food, or Cash Assistance Benefits.
  - If actively enrolled in one of these programs, users previously entered income information will be used to determine their eligibility.
  - If not actively enrolled, additional income details are captured in the application and users are required to submit proof of income prior to program approval.

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Relationships help to construct the household size used for eligibility purposes.

- Age notations differentiate those with the same name (e.g., Edward Sr. and Edward Jr.)

Household Tax Information

Tell us more about the household's tax filing information.

Who is filing taxes jointly with Travis? ❓
- ⦿ Marilynn Bicycle (29)

Who is claiming Travis as a tax dependent? ❓
[None ▾]

Who is claiming Marilynn as a tax dependent? ❓
[None ▾]

List of Household Members

Who	Gender	Date of Birth
Travis Bicycle (29)	Male	08/01/1989
Marilynn Bicycle (29)	Female	07/01/1990

Add

Sidebar navigation:
- ✔ Start
- ❯ 2 People
- 3 Assets
- 4 Income
- 5 Bills
- 6 Submit

Top navigation: Online Assistance | Español | Help | Exit

Back | Save | Next

***Household Tax Information* is captured, as the RTD LiVE Program considers tax-filing relationships when determining eligibility.**

- *Household Tax Information* should align with the information provided on the *People In the Household* page.

- A summary of family members and the ability to add additional household members is available.

Other Addresses

Do any of the people below live at an address other than the following:

██████████████

LONGMONT ,CO 805011906

☐ Marilynn Bicycle (29)
☑ No one

Back   Save   Next

Other Addresses **is for household members living at an address other than the home address.**

Household Members Summary

Here is a summary of what you have told us. If you would like to change your answers **to any of the fields in this section, whether they are shown on this summary screen or not,** or finish a section, click on Change or Add. If you would like to remove something, click on X.

People in your Home

Who	Gender	Date of Birth	
Travis Bicycle (29)	Male	08/01/1989	Edit
Marilynn Bicycle (29)	Female	07/01/1990	Edit ✖
			Add

Relationships

Who	Relationships	Action
Travis Bicycle (29)	is the Husband of Marilynn	Edit

Back   Save   Next

Start navigation:
✔ Start
❯ 2 People
3 Assets
4 Income
5 Bills
6 Submit

Online Assistance   Español   Help   Exit

Review, add, edit or delete information from the *Household Members Summary* page.

For anyone in the home who is currently or was recently receiving income from a job, self-employment, or receiving goods in exchange for work, select yes to the applicable income type….

Select the household member with income from the drop-down menu, and select Add. Then additional details are prompted…

- When Yes is selected in response to other questions, detailed information is gathered.

More About Justin's Job

If you have a job, answer the questions on this page.

If you came to this page by mistake, click the button below to clear this page and go back to the Job Income screen.

Return to Job Income

You've told us that Justin has a job or has had a job in the last 3 months. Please answer the questions below to tell us more about this job.

Employer Information

*Name of Employer

Hardware Store

Street #   PO Box # or Street Name   Apt #

☐ PO Box

City   State   Zip Code

Boulder   Colorado ▾

Employer Phone

999-999-9999

How often does Justin get paid? This is Justin's **pay period.** ❓

Monthly ▾

Tell us how many hours Justin works in a week. ❓

32

Most Recent Paycheck

When was the most recent paycheck received?

05/31/2019 📅

What is the total gross pay that Justin got from this paycheck? By gross pay, we mean the amount Justin earns before taxes or anything else is taken out of the paycheck. ❓

$ 1500.00

Additional Paychecks ❓

Click the button below to add information about another paycheck:

Add Paycheck

Back   **Save**   **Save & Exit**   **Next**

Sidebar navigation:
- ✔ Start
- ✔ People
- 3 Assets
- ➤ 4 Income
- 5 Bills
- 6 Submit

An example of Job Income detail.

- A "Return to Job Income" button displays in the instance the page was accessed by mistake.
- Details about the employer, including name and address are collected.
- The legal name of the employer should be provided, such as that listed on a paycheck, to increase successful electronic income verification.

Information about pay frequency and most recent paycheck are collected.

- The most recent paycheck captures the date the most recent paycheck was received and the gross amount of that paycheck.
- Additional paychecks may be added. An example of when to add an additional paycheck is when the most recent paycheck was not typical or representative of usual wages.

A summary displays the *Job Income* information that was provided, which can be reviewed and edited if needed. Continue selecting names from the drop down list until all income information has been added.

Other Income

*Does anyone in your home get money from sources other than a job or self-employment?

○ Yes ● No

Do you receive Public Assistance? (Colorado Works TANF, Old Age Pension OAP, Aid to the Needy Disabled AND)

○ Yes ● No

Does anyone in your home receive grants, scholarships, or work-study that they use for non-educational living expenses? ❓

○ Yes ● No

Does anyone in your home receive other grants, loans, or scholarships?

○ Yes ● No

Back   Save   Save & Exit   Next

Start

People

3 Assets

4 Income

5 Bills

6 Submit

As was the case with Job Income, Yes responses to *Other Income* types open additional questions to collect further detail about the income.

Signing Your Application

Voter Registration

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

○ Yes   ● No

You may also register to vote by filling out and mailing a paper voter registration form.

Voter Registration Form (English)
Voter Registration Form (Spanish)

If you are in a Human Services Office, Social Services Office, Resource Center, Community Service Office and need help completing the voter registration, please ask for help. The staff at these offices can help you.

If you are not in one of the above offices and need help, please contact your local County Clerk's office.

You are just a few minutes away from submitting your application. To do so, you will need to:

- Read the Rights and Responsibilities we've listed below.
- Check the signature box and type your name below to sign your application.

What I Should Know

PLEASE KEEP THIS FOR YOUR INFORMATION.

Rights & Responsibilities
By completing and signing the application for the Regional Transportation District (RTD) LiVE Program and by accepting and using the LiVE Discount Card and discounted LiVE tickets or passes, I understand the following information and agree to the following requirements:

- I must tell the truth.
- For each applicant, I will upload a current color photo on neutral background that clearly shows their face. RTD cannot use a photo in which the applicant is hard to recognize. RTD will not process my application for the LiVE Program without a photo.
- If I was asked about my household income during the application, I will upload documents that show that the income information I gave is true.
- I may have to upload additional documents if requested.
- If I made a mistake, I will contact the program.
- If I think you made a mistake, I can ask the program why my application was not approved.
- I must give RTD and its representatives all needed proof and documents before qualifying for the LiVE Program

The *Signing Your Application* page begins with an option to register to vote.

- Review the What I Should Know rights and responsibilities.

The filing date of the application is the date the application is completed. This includes uploading a photo for each applicant. If I was asked about my household income during the application, it also includes uploading documentation for household income.

If I lie on the application, I may be disqualified from the program.

Both U.S. citizens and non-citizens may be eligible for the RTD LiVE Program.

The information I give on the application is confidential and subject to the RTD privacy policies posted at www.rtd-denver.com.

I allow RTD and its representatives to use Social Security numbers and other information from my application to request and receive information or records to confirm the information in my application.

In addition, I agree to the following:

- The approved members of my household will show their LiVE Discount Card to RTD staff or contractors when using a discounted LiVE ticket or pass.
- The approved members of my household will not give their LiVE Discount Card to anyone else.
- The approved members of my household will not attempt to use their LiVE Discount Card after it expires.

I must cooperate fully if my case is reviewed. RTD or its representatives will review and verify my information on this application. My household will not be eligible for the RTD LiVE Program if I refuse to cooperate with any review of mycase, including a quality control review.

Upload documents for RTD LiVE Program

Please upload the documents for the RTD LiVE Program

Upload Document

Electronic Signature

If you have a legal guardian, he or she should sign below. If you have a power of attorney or an authorized representative, either you or that person may sign this application. If anyone else is helping you fill out the application, you should sign the application yourself.

I have agreed to submit this application for myself and/or my family. By signing this application electronically, I certify that I have reviewed this application; that I understand and agree to the Rights, Responsibilities and Penalties; and that under penalty of perjury, I certify the information I have given is true including the information concerning citizenship and alien status. I have received information on how to apply, what information is available, and what I may need to give the application site to help me with getting benefits.

- I understand the questions and statements on this application.
- I have read and understand my Rights & Responsibilities in the box above.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the application site may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits.
- I understand that failure to report or verify any listed expenses will be seen as a statement

All Applicants must submit a photo to receive the RTD LiVE card. The photo can be submitted here, using the Upload Document button, prior to application submission.

- For those who do not upload a photo at this point in the application, an alternate process is available.
  - Please see our Document Uploads for RTD LiVE Program User Guide for details.

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When the Document Upload button is selected, an Upload Document window appears.

- Please note, you may need to scroll back up to the top of the page to see the Upload Document box.
- Here, users can indicate Whose Document they are submitting and what type of proof they are providing.
- Documents must meet the file type and size criteria listed.
    - Note: Only one page should be uploaded at a time.
- When Choose File is selected, the computers file directory will be displayed from which a file may be selected.

The name of the selected file appears next to choose file. To upload the selected document, click Next.

Next, users are prompted to Confirm Submission of their document. Upload should be selected when ready to proceed.

Signing Your Application

Start

People

3 Ass

4 Inc

5 Bill

6 Su

Voter Registration

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

voter registration form.

Upload Successful ✕

Your document has been uploaded successfully. Close this window to return to the last page and continue uploading documents.

Important Note: Your Verification Needed list will not be updated until a worker has had a chance to review the document you just uploaded. However, if you want to see the list of documents we have received so far, you can open the Document Uploads page in your account.

Resource Center, Community
please ask for help. The staff at

contact your local County Clerk's

on. To do so, you will need to:

gn your application.

nsportation District (RTD) LiVE
and discounted LiVE tickets or
e following requirements:

○ For each applicant, I will upload a current color photo on neutral background that clearly shows their face. RTD cannot use a photo in which the applicant is hard to recognize. RTD

After Upload is selected, results of the upload will display.

○ I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses.
○ I understand I can be punished by law if I do not tell the complete truth.
○ I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

I have read the Rights and Responsibilities.

☑ *By checking this box and typing my name below, I am electronically signing my application.

*First Name   Middle Initial   ***Last Name**

Travis | | Bicycle

Back   Submit

- Checking the box and typing name as signature attests to information provided and that Rights and Responsibilities has been read.

Thank You!

Your application tracking number is **506███████**. Be sure to write this number down or print this page for your records.

Your RTD LiVE eligibility

Name	RTD LiVE Eligibility Status
Travis Bicycle	Approved. LiVE Identification Card Will Be Mailed
Marilynn Bicycle	Approved. LiVE Identification Card Will Be Mailed

If the status for an application is "Incomplete Application - Waiting for Photo", this person's application is not complete and will not be processed.
Please upload a photo within 20 days by going to the PEAK home page at www.colorado.gov/PEAK. Select "Learn More" at the top of the page and select "RTD Upload Document" from there. You will need the applicant's name, date of birth, and the application tracking number shown above.
If you need to come back and upload income verification documents, you can do so at the same location.

1. **Application Review**
2. Results
3. Account

Print Your Application

If you would like to print a copy of your application for your files, please click the "Print My Application" button. If you decide to print, please keep in mind that your application has your private, personal information in it.

- Print My Application
- Print My Rights & Responsibilities

You'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below:

Get Adobe Reader

Next

A *Thank You* page displays with an application tracking number which serves as a receipt.

- For those who have not submitted their documentation, please take note of the tracking number as that will be <u>required</u> for submission of the documents necessary to reach an eligibility determination

The RTD LiVE Program Eligibility Status displays, in this instance alerting the user that they have been approved for the program and their ID card will be mailed to them.

- Blue hyperlinks provide additional information and printing options.

Signing Your Application

Voter Registration

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Voter R

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Important!

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Your application will not be processed until you have uploaded a photo and income verification.
1. For each applicant, you must upload a recent color photo on neutral background that clearly shows the applicant's face. RTD will use the photo to issue an identification card that will allow the applicant to use the discounted tickets or passes. RTD cannot use a photo in which the applicant is hard to recognize, for example a photo of the full body or a photo that shows the applicant wearing sunglasses or a hat. If the bus driver or fare inspector cannot recognize the passenger in the photo, they will have to pay full fare.
2. You will also need to upload documents for income verification. This might include pay stubs, self-employment income and expense statements, and award letters for cash assistance programs or unemployment benefits.Once you have submitted photos and any needed documents for income verification, application processing may take up to 45 days.

What I Should Know

PLEASE KEEP THIS FOR YOUR INFORMATION.

If a user proceeds through the signature page without uploading a document, an alert message will appear letting them know they must submit verifications prior to their application being approved.

Thank You!

Your application tracking number is **64** ████████. Be sure to write this number down or print this page for your records.

Your RTD LiVE eligibility

Name	RTD LiVE Eligibility Status
Martha Traveler	Pending. Incomplete Application - Waiting for Photo
Justin Traveler	Pending. Incomplete Application - Waiting for Photo

If the status for an application is "Incomplete Application - Waiting for Photo", this person's application is not complete and will not be processed.
Please upload a photo within 20 days by going to the PEAK home page at www.colorado.gov/PEAK. Select "Learn More" at the top of the page and select "RTD Upload Document" from there. You will need the applicant's name, date of birth, and the application tracking number shown above.
If you need to come back and upload income verification documents, you can do so at the same location.

Print Your Application

If you would like to print a copy of your application for your files, please click the "Print My Application" button. If you decide to print, please keep in mind that your application has your private, personal information in it.

- Print My Application
- Print My Types of Proof Needed

You'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below:

[Get Adobe Reader]

Next

1. Application Review
2. Results
3. Account

A *Thank You* page displays with an application tracking number which serves as a receipt.

- For those who have not submitted their documentation, please take note of the tracking number as that will be <u>required</u> for submission of the documents necessary to reach an eligibility determination.

The RTD LiVE Program Eligibility Status displays, in this instance alerting the user that they need to submit verifications in order to have their application processed.

- Users must submit a photo and proof of income within 20 calendar days to have their application processed.
  - Please see our Document Uploads for RTD LiVE Program User Guide for information about how to upload proof of income and a photo.
- Blue hyperlinks provide additional information and printing options.

Document Uploads

Upload documents for RTD LiVE Program

*First Name

*Last Name

*Date of Birth Ex: mm/dd/yyyy

*Tracking Number

Search

Upload documents for RTD LiVE Program

*First Name

Mary

*Last Name

Transit

*Date of Birth Ex: mm/dd/yyyy

08/21/1987

*Tracking Number

506█████

Search

Upload documents for RTD LiVE Program

*First Name

Mary

*Last Name

Transit

*Date of Birth Ex:mm/dd/yyyy

08/21/1987

*Tracking Number

50▮▮▮▮

Search

Upload Document

Tip: If there are several people in the household, each photo must be uploaded separately. Make sure to change the name under "Whose Document" so the photo corresponds to the correct person.

Help Resources

PEAK Technical Questions:
- PEAK Technical Support Center:
  - Phone: 800-250-7741
  - Chat: Colorado.gov/PEAK

RTD LiVE Application Status:

For questions about the status of an RTD LiVE application, contact Denver Human Services
- Denver Human Services
  - Phone:720-944-4347
  - Email: DHS_RTD_LiVE@denvergov.org

RTD LiVE Discount Card:

For questions about the RTD LiVE Card or if you need a replacement card, contact RTD LiVE Discount Card
- RTD LiVE Discount Card
  - Phone: 303-299-2382
  - Email: LiVECard@rtd-Denver.com

RTD LiVE Fare Products:

For questions about the RTD LiVE fare products and where they can be purchased, contact RTD Customer Care
- RTD Customer Care
  - Phone: 303-299-6000
  - Online: www.rtd-Denver.com

PEAK Outreach Initiative

Search this site

HOME   TRAINING RESOURCES   OUTREACH MATERIALS   PEAK VIEW   PEAK LOGO   PARTNER RESOURCES   CONTACT US

Colorado PEAK is an online application and benefit management tool for Coloradans who need health coverage, help buying groceries, financial assistance, job readiness education/tools, help with childcare, and more.

The PEAK Outreach Initiative is charged with improving access to public assistance programs so every eligible individual, child, and family is enrolled in the benefits that help them thrive. We provide outreach and training resources to organizations that play a role in helping Coloradans access benefits online through Colorado PEAK.

PEAK Training Resources

PEAK Outreach Materials

Additional Resources

Technical Support Resources
PEAK Technical Support Center
How to Report Technical Issues

Open Enrollment Resources
Open Enrollment Toolkit
This toolkit includes information about eligibility and enrollment, customer service, reporting technical issues, helpful links, and support.
Maintaining Seamless Health Coverage
This resource provides information for maintaining health coverage when changes reported either move a client from private health insurance to public health insurance, or vice versa. Please see both sides.

The PEAK Outreach Team offers various options to help community partners stay informed on current and upcoming PEAK functionality.

Presentations	User Guides	E-Learning	Updates Archive
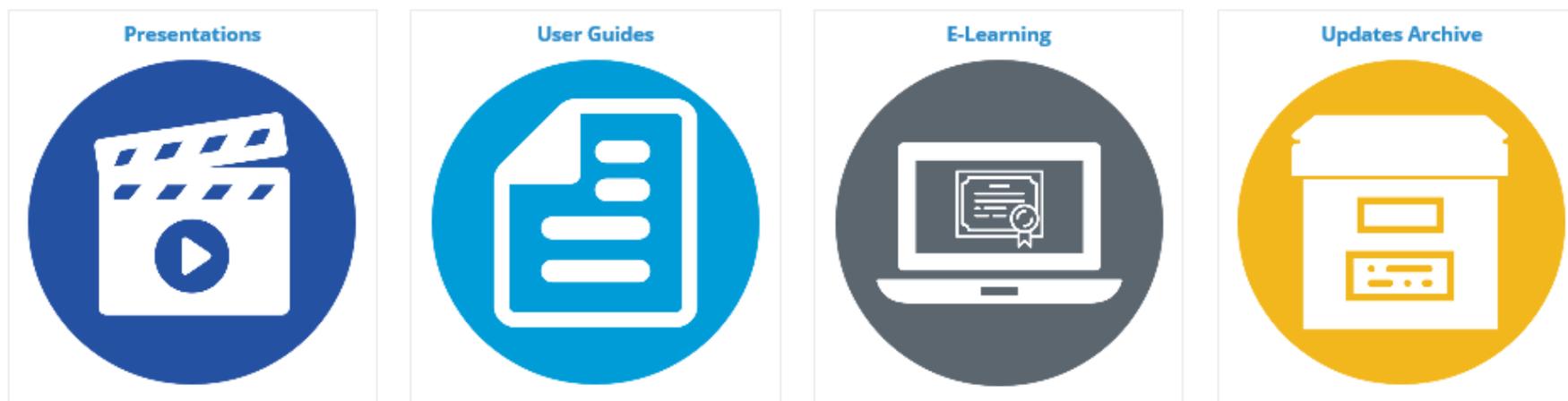
PEAK Training Request

- For customized in-person or web-based training, please complete the following PEAK Training Request form by clicking here.

CONTACT US

🌐 www.peakoutreach.com

✉ peakoutreach@bouldercounty.org

COLORADO PEAK®