



RTD Special Discount Card Application

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.

There are 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 outlet locations:
Civic Center Station 1550 Broadway, Denver CO 80202
Union Station Bus Concourse (underground) Chestnut Place & 17th St, Denver, CO 80202
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 303-299-2668 or specialdiscount@rtd-denver.com.



1. Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

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: _____

2. Cardholder Disability Verification

Please submit one of the following documents verify eligibility. If none are available, please continue to section 3.

- 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.



3. Health Care Provider Validation

The healthcare provider statement certifies 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/>

Medical Provider Information

Last Name _____ License No. _____

Address _____

City _____ State _____ Zip Code _____

Phone 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:

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: _____

Date of examination must be withing 90 days.