



BASIC ELIGIBILITY FORM REGIONAL TRANSIT CONNECTION DISCOUNT ID CARD

This form is for those who are: **1.** a Service Disabled U.S. Veteran, or **2.** a current disabled card holder from another transit agency, or **3.** have a valid DMV placard, or **4.** have a Medicare card. **All others should request a medical certification form, including those who require an attendant.** DMV placard holders should consider using the medical form. For a complete explanation of this program refer to the Regional Transit Connection Discount Card Brochure.

Section 1. APPLICANT INFORMATION (Please print clearly)

Name _____ M F Birthdate _____
Address _____ Apt # _____
City _____ State _____ Zip _____
Email address _____ Phone _____

Section 2. CERTIFICATION of ELIGIBILITY

You are required to present a valid photo ID card in addition to the documents listed below.

- Disabled Veteran** VA Claim Number _____
Show documented VA Claim number to transit staff. Accepted documentation includes card and original letter on VA letterhead. I authorize the RTC Discount Card Program to confirm my name and disability rating through the VA.
- Certified by Another Transit Agency** Name of Issuing Transit Agency _____
City and State of Issuer _____
Certification Expiration Date _____
Show the current valid card to transit staff. This option is considered a temporary courtesy card (see brochure).
- DMV Disabled Placard Eligibility** Disabled Placard or Registration Number _____
Show a valid DMV placard and a valid registration receipt to transit staff. I authorize the Discount Card Program to confirm the placard ownership and expiration date through the DMV. (Attach registration receipt.)
- Medicare Recipient** Medicare Claim # (not Medi-Cal) _____
Show Medicare card to transit staff.

My preferred communication format is: written braille via email

I attest that the information on this application is true and correct. I understand that fraud or a misstatement of fact will disqualify me from receiving the benefits of the RTC Discount Card Program.

Signature of Applicant _____ Date _____

OFFICE USE ONLY

Intake Date: _____ RTC ID _____ Transit Agency _____ Fee: \$ _____
 New Other _____ Frame No: _____