



BASIC ELIGIBILITY FORM REGIONAL TRANSIT CONNECTION DISCOUNT ID CARD

Read directions carefully before completing this form. This form is for those who are: **1.** a Disabled US 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. **5. All others should request a medical certification form, including those who require an attendant.** Note: it may be advantageous for DMV placard holders to use a medical form. For a complete explanation of this program please see the Regional Transit Connection Discount Card Brochure. Fraud or a misstatement of fact will disqualify the applicant from receiving the benefits of the RTC Discount Card Program.

Section 1. APPLICANT INFORMATION (Please print legibly)

Name _____ M F Date of Birth ____ / ____ / ____
Mailing Address _____ Apt # _____
City _____ State _____ Zip _____ Phone No. _____

Section 2. CERTIFICATION of ELIGIBILITY

Please mark your eligibility category below. Check **ONLY ONE** category. Applicants are required to present a valid photo ID card in addition to the documents listed below.

Disabled Veteran VA Claim Number _____
Applicant must 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 Veteran's Administration

Certified by Another Transit Agency Name of Issuing Transit Agency _____
City and State of Issuer _____
Certification Expiration Date _____
Applicant must show the current valid card to transit operator staff. Please see the program brochure for important information regarding renewal. This option is considered a temporary courtesy card.

DMV Disabled Eligibility Disabled Placard or Registration Number _____
Applicant must show a valid DMV placard and a valid registration for that placard to transit staff. I authorize the Discount Card Program to confirm the placard ownership and expiration date through the DMV.

Medicare Recipient Medicare Claim Number (not Medi-Cal) _____
Applicant must show Medicare card to transit staff

I attest that the information on this application is true and correct.

Signature of Applicant _____ Date _____

OFFICE USE ONLY

Intake Date: _____ Client ID _____ Transit Agency _____ Fee: \$ _____
 New Other _____ Change _____ GGT Mail
 Application Complete Confirm Primary ID _____ Frame No: _____ **Send Card to Agency**