

Disabled & Senior Pass Application



The information in this application will only be used by TRANSFORT to determine eligibility for a DISABLED or SENIOR Annual Bus Pass.

According to the Americans with Disabilities Act of 1990, a disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

Assisting Organization or Agency - Please fill out the **Agency Payment Options & Billing Info** section on page 2, if this section is not filled out, the form will be sent back to the agency to fill out completely. If verification from a Medical Professional is requested, the customer cannot return the form in-person; a Medical Professional MUST fill out the information on page 2 and return the form via email, FAX or mail.

Applicant Information - Please initial one and fill out the information below.

Initial by one of the following for qualification verification:

For Senior Annual Pass applicants only:

____ I am 60 years of age or older and will present my ID (proof of age) at one of the three transit centers.

For Medicare Card holders:

____ I will present a Medicare Card with my ID at one of the three transit centers with this application.

For Disabled Annual Pass applicants with Medical Professional Verification:

____ I am a current Dial-A-Ride participant (automatically qualify).

____ I submitted this form to a medical professional to fill out the **Professional Medical Verification** section on page 2. My medical professional will email, FAX or mail the completed application ONLY once they have completed and signed this section on page 2.

Today's Date: _____

Applicant Name: _____

Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Applicant Payment Options

- Invoice Agency
- Individual Check
- Individual Credit card
- Cash

\$ _____ Amount

_____ By initialing here, I acknowledge that this portion of the payment is my responsibility.

Agency Payment Options & Billing Info

- Invoice Agency
- Agency Check \$ _____ Amount

Agency Name _____

Contact Name _____

Billing/ Agency Address _____

Email _____

Please select how this pass will be claimed:

- Pick up at Downtown Transit Center (250 N. Mason St.)
- Mail to Applicant Address
- Mail to Agency Address

Professional Medical Verification (please email, FAX, or mail this form after completing this section)

Name of Doctor/Medical Professional: _____

Medical Facility Name: _____

Phone: _____

Address: _____

By signing below, I acknowledge the above-named individual is under my care and meets the definition of disabled as indicated on page one (please print and sign, stamped signatures are not acceptable).

Signature _____ Date: _____

Other than this form no medical information is required. Please do not attach additional documentation.

Disabled Pass Applications must be returned by email, FAX or mail by the Medical Professional unless you are a Medicare Card holder. Senior Pass Applications may be returned by the customer by email, FAX, mail, or in-Person.

Transfort | RE: Disabled or Senior Pass Application

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