



# BASIC ELIGIBILITY FORM REGIONAL TRANSIT CONNECTION DISCOUNT ID CARD

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. **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 please see 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.

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: \_\_\_\_\_