

# Disabled Pass Application

**The information in this application will only be used by TRANSFORT to determine eligibility for a DISABLED 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.

Please complete the following information then submit to a medical professional, if necessary, to complete the Medical Verification portion below.

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Phone Number (home): \_\_\_\_\_ Phone Number (cell): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

***Qualify in one of the following ways***

- 1. Present a Medicare Card with your ID at any of our three transit centers.
- 2. Current Dial-A-Ride participants automatically qualify.
- 3. This medical verification form can be mailed or faxed by your medical professional ONLY once they have completed and signed the Professional Medical Verification portion of the form.

## Professional Medical Verification

Name of Doctor or other Medical Professional: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

The above named individual is under my care. This person meets the definition of disabled as indicated above

**Check One:**                      **YES**                      **NO**

**Medical Professional Signature (*Stamped signatures are not acceptable*):**

\_\_\_\_\_

Date \_\_\_\_\_

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

**Payment Options**

- Invoice Agency
- Individual check
- Individual credit card

Please indicate how this pass will be claimed:

- Pick up at Downtown Transit Center, 250 N. Mason St., Fort Collins, CO 80524
- Mail to above address

**Form may be returned by mail or fax:**

Transfort  
RE: Disabled Pass Application  
250 N Mason St.  
Fort Collins, CO 80524  
Fax 970-416-2452

For more information please contact Transfort Customer Service at (970) 221-6620 or visit our site:  
[www.ridetransfort.com](http://www.ridetransfort.com)

FOR INTERNAL USE ONLY:

Pass Number: \_\_\_\_\_ Pass Date Range: \_\_\_\_\_

Approved/Sold by (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_