

## 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 billing and contact information section on page 2. 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 verify you qualify in one of the following ways then complete 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 the Professional Medical Verification section of this form on page 2.

Applicant Name: \_\_\_\_\_

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

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

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

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

Signature: \_\_\_\_\_ *(please print and sign the document)*

**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.

**Assisting Organization/Agency Payment Options & Billing Info**

- Invoice Agency
- Agency Check \$ \_\_\_\_\_ Amount
- Agency Credit Card

Contact Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

- Please select how this pass will be claimed:
- Pick up at Downtown Transit Center (250 N. Mason St.)
  - Mail to applicant address

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

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

Medical Facility Name: \_\_\_\_\_

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

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

I acknowledge the above-named individual is under my care and meets the definition of disabled as indicated on page one.

**Check One: YES NO**

**Medical Professional Signature** (please print and sign, stamped signatures are not acceptable):

\_\_\_\_\_ 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

250 N Mason St. | Fort Collins, CO 80524 | FAX: 970-416-2452 | email: [transfortinfo@fcgov.com](mailto:transfortinfo@fcgov.com)

Transfort Customer Service (970) 221-6620 | [www.ridetransfort.com](http://www.ridetransfort.com)

FOR INTERNAL USE ONLY:

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

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

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

Amount Paid: \_\_\_\_\_ Signature: \_\_\_\_\_