

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.

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 Disabled Annual Pass applicants only:

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

_____ 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. My medical professional will mail or fax the completed application ONLY once they have completed and signed the Professional Medical Verification section of this form.

Applicant Name: _____

Email address: _____

Phone Number (home): _____ Phone Number (cell): _____

Mailing address: _____

City: _____ Zip: _____

Professional Medical Verification

Name of Doctor or other 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. **Circle 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.*

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 _____

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

This form may be returned by Mail, Fax 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
Transfort Customer Service (970) 221-6620 | www.ridettransfort.com

FOR INTERNAL USE ONLY:

Pass Number: _____ Pass Date Range: _____

Approved/Sold by (please print): _____ Date: _____

Comments: _____

Amount Paid: _____ Signature: _____