

APPLICATION FOR PERSONS WITH DISABILITIES

Last Name	Firs	t Name		MI
Street Address				
City		State	Zip Code	
Date of Birth	Phone Number			
one of the following: (1) documentation in the for	purposes of RIPTA's Redu a Medicare care with a m of the Certification of D eterans Affairs with a disa	disability code; oisability attached	(2) an SSI or SSDI Av I to this Application, (ward Letter; (3)
Proof of Identity (require Please attach a clear pho	d): tocopy of a valid, current p	photo ID. One of	the following must be	e provided:
☐ Driver's License	☐ Passport		State ID Card	
verifications as necessary inaccurate, or if any of	formation provided with the found of the following for the followi	statements made en falsified, I wil	on this application for the second the second the privileges	orm are false or granted by the
Signature:		_ Dat	e:	
Print Name:		-		

CERTIFICATION OF DISABILITY

	Date
The Rhode Island Public Transit Authority Attn: Customer Service Manager 705 Elmwood Avenue Providence, RI 02907	
RE: Certification of Disability for:	
Print Name of Individual	
Date of Birth: Last 4 digits of SSN	N:
disability that would qualify him/her f	expertise and assessment, the above named individual has a for Social Security Disability Insurance benefits ("SSDI") of social Security such criteria for disability is defined by the Social Security
I understand that RIPTA may verify this ce and emai	rtification. I can be reached at the following phone number I address
	Sincerely,
	[PRINT NAME]