



## REDUCED FARE BUS PASS PROGRAM

### APPLICATION FOR LOW INCOME SENIORS OR PERSONS WITH DISABILITIES

---

**\*\* Please Note:** In order to qualify for this no fare bus pass, you **MUST** be a Rhode Island resident and provide proof of Low Income Status *IN ADDITION TO* proof of Senior or Disability Status. If you are not low income but otherwise qualify as a senior or person with disability, please complete the Application for Seniors or Persons with Disabilities Form.\*\*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

#### 1. Proof of Low Income Status (Required):

To qualify for RIPTA's Reduced Fare Bus Pass Program (Program), your total income must not exceed 200% of the Federal Poverty Level. Proof of income may be shown by **(1)** an IRS Tax Account Transcript (most recent year; see below for directions on obtaining a tax transcript); **(2)** an SSI Award Letter; **(3)** a Medicaid Eligibility Notice Letter (most recent year) and/or copy of Medicaid Card (issued within the last year); **(4)** proof of Supplemental Nutrition Assistance Program (SNAP) benefits; or **(5)** a Supplemental Income Verification Notice from the Rhode Island's Executive Office of Health and Human Services. See below for Federal Poverty Level thresholds.

#### 2026 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in Family/Household	Poverty Guideline	200% of Poverty Guideline
1	\$15,960	\$31,920
2	\$21,640	\$43,280
3	\$27,320	\$54,640
4	\$33,000	\$66,000
5	\$38,680	\$77,360
6	\$44,360	\$88,720
7	\$50,040	\$100,080
8	\$55,720	\$111,440

Obtaining a Free Tax Account Transcript from the IRS: The free Tax Account Transcript provides basic information, including marital status, type of return filed, Adjusted Gross Income, and taxable income.

#### Gather Your Information:

- Social Security Number
- Date of birth
- Street address
- Zip code

#### Get Your Transcript:

According to the IRS, the easiest and fastest way is by phone or online. Go to [www.irs.gov](http://www.irs.gov) OR Call 800-908-9946

**IRS Office Locations:** If you still feel that you need to go to an IRS Office, please note that the Rhode Island locations are now by appointment only. To schedule an appointment, please call 1-844-545-5640.

- 380 Westminster Street, Providence/ Monday-Friday - 8:30 AM-4:30 PM
- 60 Quaker Lane, Warwick /Monday-Friday -9:00-AM-4:30 PM  
(Closed for lunch 1:00 PM - 2:00 PM)

## 2. Verification of Senior OR Disability Status (Only one required):

**a. Senior Status:** To qualify for the Program based on age, you must provide one of the following forms of proof:

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Medicare Card      | <input type="checkbox"/> R.I. Driver's License         | <input type="checkbox"/> Passport |
| <input type="checkbox"/> R.I. State ID Card | <input type="checkbox"/> Green Card/Citizenship Papers |                                   |

**b. Disability Status:** To qualify for the Program based on disability, you must submit written verification of your disability with this application. Such verification may be proof of award for disability benefits under one of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Social Security Disability Insurance (SSDI)                                      | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Veterans Administration Disability, with disability rating of 40% or above (VAD) |   |

If you are *not* receiving any of these disability benefits, verification of your disability must come from a qualified professional with first-hand knowledge of your disability, evidenced by a completed **Medical Affidavit Form, attached hereto.**

For purposes of this Program, a qualifying disability falls within one of the following categories:

1. A disability that qualified you for SSDI, SSI or VAD benefits;
2. A medical condition that prevents you from engaging in any substantial gainful activity due to physical or mental impairment that is anticipated by a medical professional to result in death or continue for at least 12 months;
3. A severe chronic developmental medical condition that is attributable to a mental and/or physical impairment that began before adulthood, likely to continue indefinitely and results in substantial functional limitations in areas of mobility, language, learning and/or behavior.

## 3. Proof of Identity (Required):

Please submit a clear photocopy of a valid, current photo ID. One of the following must be provided:

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> R.I. Driver's License | <input type="checkbox"/> Passport | <input type="checkbox"/> R.I. State ID Card |
|--|-----------------------------------|---|

### Signature:

I hereby attest that the information provided with this application is true. I authorize RIPTA to take any steps to verify such information, as deemed necessary. I understand that if any statements made on this application form are false or inaccurate, or if any supporting documentation has been falsified, I shall lose the privileges granted to me by the Reduced Fare Bus Pass Program and may be subject to criminal prosecution for fraud, in accordance with Rhode Island State Law.

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



## **MEDICAL AFFIDAVIT REGARDING DISABILITY Reduced Fare Bus Pass Program Application**

The undersigned hereby certifies the following:

1. I am:
  - ☐ a licensed physician, specializing in the area of \_\_\_\_\_.
  - ☐ a licensed psychologist.
  - ☐ a certified psychiatric nurse clinical specialist.
  - ☐ a nurse practitioner with experience in the area of \_\_\_\_\_.
  - ☐ a licensed social worker with experience in the area of \_\_\_\_\_.
  
2. The Applicant, \_\_\_\_\_, is presently under my continuous care.  
First, Middle, Last and Date of Birth
  
3. I have first-hand knowledge of the Applicant and his disability status and, based upon my evaluation and review of RIPTA's Application for Persons with Disabilities, I certify that this Applicant has a disability that qualifies him/her for RIPTA's Reduced Fare Bus Pass Program.

Signed, under the pains and penalties of perjury:

\_\_\_\_\_  
Signature of Clinician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
License Type and Number

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Office Phone Number