

Please carefully follow the steps below to submit the ID application.

## ID Descriptions

### MCT Benefit Access Free Ride ID

Illinois residents qualify based on age and income. Individuals are eligible for an MCT Benefit Access Free Ride ID if they are currently registered with the State of Illinois' Benefit Access program. Valid for free rides on MCT. Not valid on SCCTD or Metro buses or trains.

### MCT Senior Free Ride ID

Seniors 65+ are eligible for an MCT Senior Free Ride ID if they are currently Illinois residents and registered with the State of Illinois' Benefit Access program. Valid for free rides on MCT. Valid for half fare rides on SCCTD and Metro buses and trains.

### MCT Senior Select Free Ride ID

Madison County residents 75+ are eligible for an MCT Senior Select ID. Valid for free rides on MCT. Valid for half fare rides on SCCTD and Metro.

### MCT Half Fare ID

Any senior 65+ is eligible for an MCT Half Fare ID. Valid for half fare rides on MCT, SCCTD, and Metro.

## ID Application Instructions

### MCT Benefit Access/Senior Free Ride ID

- **STEP 1:** Apply for the State of Illinois *Benefit Access Program*:
  - From any computer, visit the Illinois Department on Aging Benefit Access Program website at <https://www2.illinois.gov/aging/benefitsaccess/Pages/default.aspx>
  - For in-person assistance, call the Illinois Department on Aging to find a location near you that can provide assistance at (800) 252-8966
- **STEP 2:** Complete the application below digitally OR print and fill it out.
- **STEP 3:** Submit the application via email or mail with the following **required** items attached:
  - A copy of your Benefit Access eligibility notice
  - A copy of the front and back of your current government issued ID card
  - A 2" by 2" color photo that clearly shows your face

### MCT Senior Select Free Ride/Half Fare ID

- **STEP 1:** Complete the application below digitally OR print and fill it out.
- **STEP 2:** Submit the application via email or mail with the following **required** items attached:
  - A copy of the front and back of your current government issued ID card
  - A 2" by 2" color photo that clearly shows your face

#### Submit via email:

Attach your completed application and all necessary documents in an email. Send all items in one email to:

**ID@mct.org**

#### Submit via mail:

Print out and complete the application. Mail complete application and all necessary documents to:

**Madison County Transit**

**Attn: ID Form**

**One Transit Way**

**P.O. Box 7500**

**Granite City, IL 62040**

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## All applicants must complete this page

### Status (check one):

New Applicant     Renewal

\*This application is for IDs that are new or being renewed only. If you need an ID replacement please see the ID Replacement form on the website.

### Applying for (check one):

Benefit Access Free Ride ID (I am enrolled in the Benefit Access Program)

Senior Free Ride ID (I am enrolled in the Benefit Access Program)

Senior Select Free Ride ID (I am a Madison County resident and am over the age of 75)

Half Fare ID (I am 65 or older AND/OR am a Medicare card holder AND/OR have a state of Illinois DMV issued "disabled" ID)

### Please print legibly and complete all information:

**LEGAL NAME**    First \_\_\_\_\_ M.I. \_\_\_\_\_  
Last \_\_\_\_\_  
Suffix \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

### Mailing Address (Include all information required for mail delivery)

Street Address or PO Box #: \_\_\_\_\_

Apt/Unit: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### Be sure to include ALL of the following items:

- 2" by 2" inch color photo (clearly shows face)
- Clear copy of both sides of current government-issued ID card
- If applying for a Benefit Access or Senior Free Ride ID, please include a copy of your Benefit Access eligibility certificate

Date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signature: \_\_\_\_\_

*If completing the form digitally, we will accept a typed out full name as a signature.*

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### Office Use Only

Date received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Taken By: \_\_\_\_\_