

## **Obtaining a Disability Pass** **Beginning April 4<sup>th</sup>, 2011**

**Rhode Island State Law 32-1-17:** No fee shall be charged to any person with a disability regardless of age, or to automobiles transporting a non-driver with a disability at any recreational facility owned by the state, provided, however, proper identification is presented as prescribed by the Department of Environmental Management. For the purpose of this section "person with a disability shall mean an individual who has a physical or mental impairment and is receiving: [A] **Social Security disability (SSDI)**, [B] **Supplemental Security Income benefits (SSI)** or **Veterans benefits** and who shall be determined under applicable federal law by the Federal Department of Veteran's Affairs to be 100% disabled through a service connected injury. For this section "fees" shall include all fees for parking, admittance, or other user-fees for playing golf. The term "fees" shall not include licensing fees; camping fees, picnic table fees or specialized facility use fees, including, but not limited to fees for the use of equestrian areas, performing art centers, game fields and mule shed.

### **Disability passes are issued at the following location only:**

Johnston Main Office  
2321 Hartford Avenue  
Johnston, RI 02919  
Hours: 8:30 a.m. – 4:00 p.m. [Monday – Friday, closed Holidays]

**We encourage everyone to contact the office prior to your visit to ensure that you have the proper paperwork.**

Tel: 401-222-2632      Email: [riparks@dem.ri.gov](mailto:riparks@dem.ri.gov)

\*\*\*\*All applicants must present a valid form of photo identification [birth certificate for children] \*\*\*\*  
\*\*\*\*All applicants must appear in person to obtain disability pass\*\*\*\*

### **First Time Disability Pass:**

- Applicants, **under the age of 65**, must present an original letter from the Social Security office stating the following:
  1. Your full name and address
  2. Current date
  3. Letter must state that you are receiving **monthly disability benefits**
  4. The letter must be signed by an authorized social security representative
  5. \*This pass is required to be **renewed each year until the age of 65**. To renew applicants must present current year **New Benefit Amount Letter** or an original letter from the Social Security office stating the following:
    - a) Your full name and address
    - b) Current date
    - c) Letter must state that you are receiving **monthly disability benefits**
    - d) The form must be signed by an authorized social security representative
  
- Applicants, **over the age of 65**, must present an original letter from the Social Security office stating the following:
  1. Your full name and address
  2. Current date
  3. Letter must state that you **were receiving monthly disability benefits before the age of 65**
  4. The letter must be signed by an authorized social security representative
  5. \*This pass **does not require renewal**; Applicants will receive Lifetime Pass
  
- **Disabled Veterans** must present an original letter from the Veterans Administration stating the following:
  1. Your full name and address
  2. Current date
  3. Letter must state that you are **100% disabled due to service connected injury**
  4. The letter must be signed by an authorized representative of the Veterans Administration
  5. \*This pass is **required to be renewed each year unless you are no longer required to be reevaluated**
    - a) Please follow steps 1-4 for renewal