



# Rural Transit Service Client/Rider Application

For official use only:

Letter \_\_\_\_\_  
DB \_\_\_\_\_  
2L \_\_\_\_\_

DATE: \_\_\_\_\_

**Please Print**

NAME: \_\_\_\_\_  
(One application per person)

STREET ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

HEAD OF HOUSEHOLD: Y or N

ELIGIBILITY STATUS (Please check all that apply):

SENIOR 62+ \_\_\_\_\_ DISABLED \_\_\_\_\_ LOW/MOD INCOME \_\_\_\_\_

NUMBER OF PEOPLE IN YOUR HOUSEHOLD OVER 18: \_\_\_\_\_

HOUSEHOLD INCOME:

- Under \$37,760       \$48,481 – 53,840       \$62,481– 66,780
- \$37,761 - \$43,120       \$53,841 – 58,160       \$66,781 -71,120
- \$43,121 - \$48,480       \$58,161 – 62,480       \$71,121 - Over

ETHNICITY (Optional):      HISPANIC \_\_\_\_\_      NON-HISPANIC \_\_\_\_\_

RACE (Optional) - Please check all that apply:

- WHITE \_\_\_\_\_      BLACK \_\_\_\_\_      ASIAN \_\_\_\_\_
- AMERICAN INDIAN/ALASKAN NATIVE \_\_\_\_\_      NATIVE HAWIIAN/OTHER PACIFIC ISLANDER \_\_\_\_\_
- OTHER/MULTI RACE \_\_\_\_\_

(All clients must list an emergency contact)  
PERSON TO CONTACT IN CASE OF AN EMERGENCY:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**PLEASE CONTINUE ON BACK OF SHEET**

LIST BELOW ANY MEMBERS OF YOUR HOUSEHOLD UNDER 18 YEARS WHO WILL USE THE SERVICE:  
(you must be their parent or legal guardian to bring those under 18 years on the van)

NAME / RELATIONSHIP / AGE

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DO YOU NEED HELP GETTING IN OR OUT OF THE VAN? YES \_\_\_\_\_ NO \_\_\_\_\_

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? YES \_\_\_\_\_ NO \_\_\_\_\_

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

(optional)

DO YOU HAVE A SOCIAL WORKER/CASE MANAGER? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF SOCIAL WORKER/CASE MANAGER \_\_\_\_\_

AGENCY \_\_\_\_\_

SOCIAL WORKER/CASE MANAGER PHONE NUMBER \_\_\_\_\_

WHAT WOULD YOU USE THE VAN FOR: (most important to least important)

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DO YOU HAVE ACCESS TO A VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

CURRENT MEANS OF TRANSPORTATION: \_\_\_\_\_  
\_\_\_\_\_

DIRECTIONS TO HOME:

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Under penalties of perjury, I hereby certify that all of the information provided is true and correct to the best of my knowledge. I understand that Rural Transit Service has the right to deny me service.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**PROOF OF ELIGIBILITY MUST BE ATTACHED TO THIS FORM**