

CARTS Reduced Fare Application

Date: _____

First Name _____ MI _____ Last Name _____
(Provide full legal name. Please print legibly) (Circle One: **Male/Female**)

Address: _____ Last 4 # of Social Security # _____

_____ Date of Birth _____ / _____ / _____

City: _____ Zip: _____ Income \$ _____ Size of Family _____
(List all 9 #s of Zip Code if possible) (Insert #)

Income is received from: _____
(Provide Verification-if 60 or over)

Phone # (330) _____ - _____ Message # (330) _____ - _____

Emergency Contact Name: _____ Emergency # (330) _____ - _____
(Circle One: Friend or Relative)

Disabled: _____ Check if used: _____ Wheel Chair _____ Walker/Cane _____ Scooter
(Y/N)

Check proper one: Native American: ___ Asian: ___ Hispanic: ___ Black/African American: ___

Non-Minority (White, non Hispanic): ___ Client Lives Alone: ___ Low Income: _____ Rural: Yes -all of
Columbiana County is considered Rural. (Y/N) (Below \$1225 month -Verify If 60 or over)

Understands English: _____ Frail: _____
(Y/N) (Y/N)

Check if assistance from the door is needed: _____

You **must provide a copy** of **one** of the following; your **birth certificate; or Ohio ID card; or Drivers License.**
If you are **disabled** for any reason, you **must provide a copy of either a doctor's statement; award letter from Social Security; or other acceptable proof of disability; Income verification if 60 or over with this form.** This is for a reduced and/ or subsidized fare card in Columbiana County. (**Do not send original documents; send copies, they will not be returned.**)

ALL QUESTIONS MUST BE ANSWERED

By signing this form I am acknowledging that all Information is true and correct to the best of my knowledge. I understand that any information provided may be shared with any other department within the Community Action Agency of Columbiana County, Inc. to permit the CAA of CC, Inc. to comply with State and Federal agencies monitoring requirements. If needed, I authorize the CAA of CC, Inc. to verify any information provided.

Signature _____ Date _____

For office Use Only

Date Received ___/___/___ Staff Signature _____

Approved Yes/No Card Issue Date ___/___/___ Card # _____

Copy to: _____ Original mailed to customer: _____ Original received back: _____
Revised 12/28/2009 (Date & Initials) (Date & Initials)