



# Dial-a-Ride Application

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*Dial-a-Ride (DAR) is a program that provides discount coupons to Northfield Township residents with permanent disabilities (age 18 and over) and income eligible senior citizens (age 65 and over) for use with participating taxicab companies.*

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

I am age 65 or older. Date of birth: \_\_\_\_\_

**OR**

I am age 18 or over with a permanent disability. Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP code \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

If you are certified low-income or are a current client of the Northfield Township Food Pantry you may qualify for the Dial-a-Ride (DAR) program and may only need to provide a valid government-issued ID.

**All income numbers should be for the most recent tax year and documentation must be provided.**

- |   |                 |
|---|-----------------|
| 1. Yearly earned gross income (before taxes)  | \$ _____        |
| 2. Total annual pensions, retirement income   | \$ _____        |
| 3. Social Security Income (SSI), Social Security Disability Income (SSDI)   | \$ _____        |
| 4. Other, including annual interest, dividends, annuities, financial assistance, cash, savings, rental income, etc. | \$ _____        |
| <b>TOTAL:</b>   | <b>\$ _____</b> |

Do you own property other than your principal residence? \_\_\_\_\_

### PARTICIPANT GUIDELINES

A set of 20 discounted taxicab coupons (redemption value \$5.00 each) is issued upon admittance to the Dial-a-Ride (DAR) program. Coupons expire six months from date of issue.

- **When all coupons have been used, DAR participants are eligible for a new set of 20 monthly**
- **No more than 20 coupons may be redeemed per month**
- **Coupons are non-transferable; the DAR participant who is issued the coupons is the only person eligible to use the coupons**
- **Coupons redeemed must be completed by participant and show: date of use, pick up and destination addresses and participant signature**
- **Annual program renewal may be required**

Participants who do not adhere to the above guidelines or who abuse the program in other ways may be suspended from the Dial-a-Ride program. I declare under penalties of perjury that the information supplied in this application and all accompanying statements or documents are true and correct, and that this is a COMPLETE statement of all income, assets and/or resources belonging to me. I understand that Township officials may verify the information. I understand that if I give false or incomplete information I may be prosecuted and my Dial-a-Ride privileges voided.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CERTIFICATION CHECKLIST

1. Completed application
2. Proof of age: Valid driver's license or state I.D.
3. Proof of residency: lease or mortgage statement or current utility bill

**Over 65 and income eligible:**

Proof of income (earned and unearned):

- a. If you are certified low-income or are currently certified to use the Northfield Township Food Pantry no other income verification is necessary. Proof of program participation is required.
- b. All other applicants must provide the following:
  - i) Most recent federal and state income tax returns (including schedules) **OR**
  - ii) Paycheck stubs for the past 30 days (including year-to-date amounts)
  - iii) Social Security award letters/statements (*if applicable*)
  - iv) Evidence of military benefits (*if applicable*)
  - v) Public Aid award/denial letters (*if applicable*)
  - vi) Proof of unemployment (*if applicable*)
  - vii) Other income documentation (*if applicable*)

**AND** two (2) most recent consecutive months' bank statements

**OR**

**Over 18 with permanent disability:**

Proof of disability (if applicable):

- a. Persons with valid disability: state I.D. or driver's license or vehicle registration card with disability classification OR
- b. Social Security (SSI) or Social Security Disability Income (SSDI) award letter

*For office use only:*

Date: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Proof of age/I.D.  Proof of residency  Utility bill  Proof of income  Disability eligibility  Bank statements

Additional comments: \_\_\_\_\_

\_\_\_\_\_