

Application for Employment Transportation Assistance Program

WHO IS ELIGIBLE?

Residents of Rutherford County requiring transportation to and/or from work and transportation to Isothermal Community College for job training classes or programs. Residents who are determined to be eligible for the program may receive transportation at a reduced cost based on frequency and distance.

Please fill out application completely.

Date: _____

Last Name: _____ First Name: _____ M.I. _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

1. Have you ever ridden with Rutherford County Transit? (Please check) _____ Yes _____ No
2. Have you ridden the Transit Dollar Bus? (Please check) _____ Yes _____ No
3. Do you live near one of the bus stop locations? If so where? _____
4. Does Transit currently pick you up at this bus stop location? (Please check) _____ Yes _____ No
5. Do you live alone? (Please check) _____ Yes _____ No
6. Do you own an automobile? (Please check) _____ Yes _____ No
7. Why do you need transportation? (Explain) _____

8. Please circle the days of the week you need transportation: MON TUES WED THURS FRI
9. What time do you have to be at work or college? _____
10. What time do you prefer to be picked up from work or college? _____
11. Name and address of your employer or college: _____
12. What is the date you would like to start transportation? (all applications require one week's notice) _____

13. What is the end date you will no longer require transportation (if applicable)? _____

14. Please give detailed directions to your home: _____

15. Do you receive Medicaid? (Blue Card) _____ Yes _____ No

16. Is your employment part of the Work First program at Dept of Social Services? (Please check) _____ Yes _____ No

17. Are you in a wheelchair? (Please check) _____ Yes _____ No If Yes, is your residence wheelchair accessible by ramp or other means? Please Explain: _____

18. Do you use any other assisted device? (Please check) _____ Walker _____ Cane _____ Oxygen _____ Other
If Other, please specify: _____

Your Signature: **X** _____ Date: _____

This application shall be valid for a period of (1) year from the date of application approval. Employment funds will be used to provide in county transportation. Provisions of services under this program are subject to change based on availability of funding, equipment and personnel.

ONE OF THE CERTIFICATIONS BELOW MUST BE FILLED OUT BY AUTHORIZED PERSONNEL

CERTIFICATION BY EMPLOYER AS TO PROOF OF EMPLOYMENT

(Supervisor) (Please Print) Do Hereby Certify That _____
(Name of Applicant)

Is Currently Employed At _____
(Business Name)

Signed: **X** _____ Date _____
(Supervisor Name and Title)

CERTIFICATION BY ISOTHERMAL COMMUNITY COLLEGE AS TO PROOF OF ENROLLMENT

(Isothermal Community College Staff/Faculty) (Please Print) Do Hereby Certify That _____ is
(Name of Applicant)

Currently Enrolled at ICC for the following semester(s): ___ Fall 2012 ___ Winter 2013 ___ Spring 2013 ___ Summer 2013

Signed: **X** _____ Date _____
(Isothermal Community College Staff/Faculty and Title)

FOR OFFICE USE ONLY:

Take In on Dollar Bus: _____ Yes _____ No Take Home on Dollar Bus: _____ Yes _____ No
Round Trip Mileage: _____ Cost per Mile: _____ Total Daily Cost: _____
Days Per Month: _____ Cost per Month: _____ Cost to Passenger: _____ Cost to Transit: _____

This application shall be valid through June 30, 2013. A new application must be submitted each fiscal year (July-June). Provisions of services under this program are subject to change based on availability of funding, equipment and personnel.