

Application for Transportation Services

ELIGIBILITY: Must be a residents of Rutherford County, North Carolina. Transportation is only available during operating hours of Monday-Friday 7:00 AM – 5:00 PM. Provisions of services under this program are subject to change based on availability of funding, equipment and personnel. **This application shall be valid through June 30 of the current year. A new application must be submitted each fiscal year (July-June).** Please fill out the application completely.

Date: _____

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

Name You Prefer to Be Called: _____ Date of Birth: _____ - _____ - _____

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

Mailing Address (if different from above): _____

Do you live at a facility? _____ Yes _____ No If Yes, what is the name: _____

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

1. Why do you need transportation? _____ Medical Appt _____ Work _____ Groceries _____ Other

2. Have you ever ridden with Rutherford County Transit? _____ Yes _____ No

3. Have you ridden Transit's free public bus, the TriCity Xpress? _____ Yes _____ No

4. Do you receive Medicaid? _____ Yes _____ No If Yes, what is your Medicaid number: _____

5. Are you served by any of the following areas/agencies? (Check all that apply):

Dept of Social Services: _____ Rutherford Life Services: _____ Mental Health: _____

Cancer Services: _____ Substance Abuse: _____ Dialysis: _____

Vocational Rehab: _____ Senior Center: _____ Out of the Ashes: _____

6. Are you disabled? _____ Yes _____ No

a. What is the nature of your disability? (Check all that apply)

_____ Mental _____ Physical _____ Vision _____ Hearing _____ Other

b. Are you in a wheelchair? (Please check) _____ Yes _____ No

c. If Yes, do you have a ramp? Please Explain: _____

d. Do you use any other assisted device? _____ Walker _____ Cane _____ Oxygen _____ Other

7. List the names and locations of each medical facility you visit on a regular basis: _____

8. For transportation to work (in-county transportation only):

a. Please circle the days of the week you need transportation: MON TUES WED THURS FRI

b. What are your start and end times for work? _____

c. Is this a paid or volunteer job? _____Paid _____Volunteer

d. Name and address of your employer: _____

9. Please give detailed directions to your home: _____

Your Signature: **X** _____

Date: _____

CANCELLATION POLICY:

Passenger shall notify Rutherford County Transit at 828-287-6339 by 4:00 pm on the business day prior to their scheduled appointment, if they need to cancel their transportation. Failure to notify Transit by this time shall result in a "No Show" penalty. Three No Shows in a three-month period shall result in a 30 day suspension from Transit.

FILL OUT THE PORTION BELOW ONLY IF YOU ARE REQUESTING EMPLOYMENT TRANSPORTATION OR TRANSPORTATION DUE TO A DISABILITY

CERTIFICATION BY EMPLOYER AS TO PROOF OF EMPLOYMENT

I, _____ (Please Print) Do Hereby Certify That _____
(Supervisor's Name) (Name of Applicant)

Is Currently Employed At _____
(Business Name)

Supervisor's Title: _____ Supervisor Phone Number: _____

Supervisor's Signature: **X** _____ Date _____

CERTIFICATION BY A MEDICAL PROFESSIONAL AS TO DISABILITY REQUIRING TRANSPORTATION

I, _____ (Please Print) do hereby certify that _____
(Medical Professional's Name) (Name of Applicant)

has a physical or mental impairment that substantially limits one or more major life activities. This disability requires the need for transportation services.

SIGNED **X** _____ **DATE** _____
Physician or Medical Professional

FOR OFFICE USE ONLY:

Access to TriCity Xpress: _____ Yes _____ No One Way Trip Mileage: _____ Cost: _____

Over Age 60? _____ Yes _____ No Medicaid Eligibility Checked? _____ Yes _____ No

Approved: _____ **Declined:** _____

Billing Code: _____ EMPL _____ EDTAP _____ RHI _____ OTHER

Signature: _____ Title: _____ Date: _____