

CARTS Reduced Fare Application

7880 Lincole Place
Lisbon, OH 44432

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 \$1485 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 or award letter from Social Security. 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 # _____