

NORTHFIELD TOWNSHIP DIAL-A-RIDE (DAR) APPLICATION

<input type="checkbox"/> I am aged 65 or over	<input type="checkbox"/> I am aged 18 or over with a disability
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Address: _____	Telephone: _____	ID#
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All income numbers should be for most recent tax year and verification must be provided.

1.) Yearly earned gross income: _____

Unearned income

2.) Total annual pensions, retirement income: _____

3.) Social Security Income (SSI), Social Security Disability Income (SSDI): _____

4.) Total annual interest, dividends, annuities: _____

5.) Other: _____

Total income (add lines 1 – 5) _____

I affirm by signature that the information is true and correct to the best of my knowledge:

Name of Applicant: _____ Signature: _____

Name of Income Provider (if applicant is a dependent): _____ Signature: _____

Age 65 and older: Proof of income, required documents listed on the back, residency and age (driver's license, state ID, passport, or other official government-issued identification bearing your birth date and a photo) are required.

If you receive Circuit Breaker, you qualify for DAR. Please present your Circuit Breaker approval letter or the current 2011 Circuit Breaker Discount Notice along with proof of residency. No other documentation is required. If you do not have these documents, please obtain a Circuit Breaker Grant Calculation Notice by calling Circuit Breaker at 1-800-252-8966. This can be faxed to us at 847 724-8310.

Person with disability age 18 – 64: Official proof of SSI or SSD or certification from physician (form below) and proof of income and residency are required.

If applicant is a dependent and unable to provide proof of income, income of supporter must be provided.

Office Use

Proof of Age	Proof of Residency	Proof of Income	Disability Eligibility
___ Driver's License or	___ Driver's License or	___ Income Tax Return if required to file, and	___ SSDI, SSI
___ State I.D., or	___ Current Utility Bill	___ SSI, SSD award letter, and	
___ Birth Certificate		___ Current 2 months Bank Statements	
Circuit Breaker: _____	Other: _____	Other: _____	Other: _____

Date: _____ Issued By: _____

Required when SSI or SSDI award cannot be provided

**FOR PERSONS WITH A DISABILITY AGE 18-64
PHYSICIAN CERTIFICATION INSTRUCTIONS**

This is to certify that the applicant named above meets the eligibility criteria for this program by being a person with a disability as defined by the Americans with Disabilities Act. According to the Act, an individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities.

Signature of Physician:
Print or Type Name of Physician:
Registration Number: _____ Phone Number: _____
Street Address:
City: _____ State: _____ Zip Code: _____
Date:

Certification Checklist

Completed application

Proof of Age:

- Driver's license, or
- State I.D., or
- Birth Certificate

Proof of Residency:

- Driver's license, or
- State I.D., or
- Current utility bill

Proof of Income for clients not on Circuit Breaker:

- Tax return if required to file, and
- SSI, SSD award letter, and
- Current two months of Bank Statements

If you have been approved for Circuit Breaker:

- Circuit Breaker Award letter or
- Current 2011 Circuit Breaker Discount Notice or
- Circuit Breaker Grant Calculation Notice which can be obtained by calling Circuit Breaker at 1-800-252-8966.

Disability Eligibility:

- SSDI or SSI award letter or
- Physician certification form which can be found on the application.