



# Dial-a-Ride Application

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*Dial-a-Ride (DAR) is an income-based subsidized taxi service program that provides discount coupons to Northfield Township senior citizens (age 65 and over) and residents with permanent disabilities (age 18 and over).*

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 16 discounted taxicab coupons (redemption value \$5.00 each) is issued upon admittance to the Dial-a-Ride (DAR) program. Coupons may periodically be recalled and up to 16 coupons replaced. Coupons expire six months from date of issue.

- **If all coupons have been used, DAR participants are eligible for a new set of 16 monthly**
- **No more than 16 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 for metered taxi travel**
- **Coupons redeemed must be completed by participant and show: date of use, origination and destination addresses and participant signature**
- **Annual program renewal 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 and current utility bill
  4. 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*)
  5. 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
- AND**
6. Two most recent consecutive months' bank statements

*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: \_\_\_\_\_