



# Mid-Coast Public Transportation Transportation Support Program

Primary Applicant:		
Street Address: City, State, Zip	Mailing Address: City, State, Zip	
Phone:	Cell:	Email:

List **ALL** members in the household (including yourself). List additional members a separate sheet if needed.

	Full Name	Date of Birth	Medicaid # Or Last 4 of SSN	Transportation Needed?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No

The purpose of the following information is to determine the funding sources for which you may be eligible.

Household income (include ALL sources). List additional sources on a separate sheet if needed.

	Source of income	Amount	Frequency	Type of documentation provided
1			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
2			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
3			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
4			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
<b>Total:</b>		<b>\$</b>	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	

**\*\* Application will NOT be processed without proof of income.**

The following information will help us determine the most appropriate mode of transportation for you.

Do you have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Physical	<input type="checkbox"/> Cognitive	<input type="checkbox"/> Intellectual/Developmental
Is your disability permanent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual	<input type="checkbox"/> Other:
Do you use a mobility device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Walker	<input type="checkbox"/> Cane	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter

\*\*Note: you may be required to provide proof of disability.

**Be sure to complete the reverse side. Incomplete applications will not be processed.**

Mid-Coast Public Transportation  
P.O. Box 130, Belfast, Maine 04915 | 207-930-7900

*Mid-Coast Public Transportation is a program of Waldo Community Action Partners, a non-profit 501(c)(3) corporation.*

**Ride Information**

Which days of the week do you need transportation? Check all that apply.						<input type="checkbox"/> <b>Unknown</b>
<input type="checkbox"/> <b>Monday</b>	<input type="checkbox"/> <b>Tuesday</b>	<input type="checkbox"/> <b>Wednesday</b>	<input type="checkbox"/> <b>Thursday</b>	<input type="checkbox"/> <b>Friday</b>	<input type="checkbox"/> <b>Saturday</b>	<input type="checkbox"/> <b>Sunday</b>

**What is the purpose of your transportation need(s)? Check all that apply**

<input type="checkbox"/> <b>Medical</b>	<input type="checkbox"/> <b>Personal</b>	<input type="checkbox"/> <b>Recreation/Exercise</b>	<input type="checkbox"/> <b>Education</b>
<input type="checkbox"/> <b>Dialysis</b>	<input type="checkbox"/> <b>Employment/Volunteer</b>	<input type="checkbox"/> <b>Shopping/Errands</b>	<input type="checkbox"/> <b>VA</b>
<input type="checkbox"/> <b>Cancer Care</b>	<input type="checkbox"/> <b>Other:</b>		

**Attestation**

I am applying for transportation support services for myself, and/or household members, or on behalf of another person. I understand that my completed request does not guarantee that funds will be available. I have provided accurate information and understand that I may be subject to an audit of eligibility.

Applicant, Guardian, or POA signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed name: \_\_\_\_\_

**OFFICE USE ONLY**

Approved	Funding Source	Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	DHHS-LX08 Low-income	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Spectrum Generations	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Maine Cancer Foundation	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Discounted Mileage Rate	

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Waitlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Incomplete or missing information? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Approved</b> Beginning: _____ Ending: _____	<input type="checkbox"/> <b>Denied</b> <input type="checkbox"/> <b>Income</b> <input type="checkbox"/> <b>Location</b> <input type="checkbox"/> <b>Other:</b> _____

*The Transportation Support Program is made possible through the generous support of our partners.*

