HARDSHIP APPLICATION

This form is to be used by persons requesting a waiver to the co-pay requirements for the Transportation Disadvantaged Program. **Please print the required information.** **If this form is not filled out completely, it will automatically be DENIED.**

1. Last Name _____ 2. First Name _____

3. Street Address_____

4. City_____ 5. Zip Code _____

6. Telephone No. _____ 7. Date of Birth _____

8. *Social Security Number _____ 9. Total number living in household

   (please list names and ages) _____

   _____

10. Do you drive? _____ 11. What kind of car do you own? _____

12. Do you have any other means of transportation? _____

13. Please list your total household income per month: _____

14. What are your total monthly expenses? Rent _____ Utilities _____ Groceries _____ Medical _____

    Pharmacy _____ Other (describe) _____ Amount _____

    Total Monthly Expenses _____

15. How long will you need assistance with your co-pay?

    _____ 16. What event or events caused you to be unable

    to meet your co-pay responsibility? _____

    _____

17. What is the nature of your trips? Medical _____ Grocery Shopping _____ Employment _____

    Educational/Training/Daycare _____ Other _____

18. How many times per week are you transported? _____

19. Have you tried to get assistance from any other source to pay your co-pay? If yes, please identify the source. If

    no, why not? _____

*COLLECTION OF SOCIAL SECURITY NUMBERS

PLEASE NOTE: The Lake County Department of Community services collects social security numbers for the following purposes: classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing and tax reporting. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

I verify that the above information provided is factual and true.

_____   _____
Signature   Date

FOR OFFICE USE ONLY	
Application Reviewed by:	Date:
Application Approved:	Application Denied:
Date Approved:	Application Expires:
Approved with the following conditions:	
Reason request was denied:	