



**Lake County Office of Transit Services
Hardship Application for
Lake County Connection**



This form is to be used by persons requesting a waiver to the co-pay requirements for the **Transportation Disadvantaged Program** only. Hardship Applications are good for only six months. If you need additional time, you will need to complete another application.

Please print. 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 _____

Hardships are good only for medical appointments and grocery shopping.

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 Office of Transit 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:	