

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

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|---|----------------------|
| Application Reviewed by: | Date: |
| Application Approved: | Application Denied: |
| Date Approved: | Application Expires: |
| Approved with the following conditions: | |
| Reason request was denied: | |
| | |