



# APPLICATION

## City of Wooster Subsidized Transportation Program



**Failure to fill out form completely AND provide required documentation for proof of eligibility will cause rejection of application. There is a \$1 charge for new ID cards and \$3 for replacement of lost ID cards. YOU MUST LIVE WITHIN THE WOOSTER CITY LIMITS.**

First Name	Middle Initial	Last Name	
Mailing / Street Address		City	Phone Number (circle- home/ cell/ work)

**Will anyone else be purchasing passes for you? Please list names here:**

In signing this application, I understand that I choose to take part in the subsidized transportation program sponsored by the City of Wooster. I understand that the City is merely assisting with the cost of transportation; and the City assumes neither responsibility nor liability for the conduct or operation of the transportation providers in this program. Participants in this program assume all risks associated with their choice of a transportation provider.

Applicant Signature: \_\_\_\_\_

Guardian/Parent Signature (if Applicant is under 18 years of age) \_\_\_\_\_

**REQUIRED DOCUMENTATION:**

<b>All applicants must show proof of residency within the City limits of Wooster:</b>			
State issued ID/ driver's license, Voter ID card, Utility Bill, Rental Agreement, real estate tax form, school transcript, pay stub, bank statement			
<b>All applicants must show proof of identity:</b>			
State issued ID/ Driver's license, Passport, Student ID, Gun /Concealed Weapons permit, military ID, Offender release ID, INS ID, OR birth certificate AND S.S. card			
<b>Elderly (62 and over):</b>	<b>Disabled:</b>	<b>Veteran/ Active Military:</b>	<b>Low Income:</b>
Any of the proof of identity examples that also lists birth date	Disability award letter or statement Medical statement from a doctor	DD214 discharge papers Military ID	Current award letter proving qualification in a program under 200% income guideline- Medicaid, SS, HEAP, SNAP, free & reduced lunch, etc.
<b>CAWM STAFF ONLY:</b>	Elderly (62+) _____ Staff initials	Disabled _____ Date	Vet/Active Military _____ \$1 fee paid I.D. #
Assist Person/ Animal _____		New Enrollee _____ Exp. Date:	
Renewal _____			