

□ Employment: work, including job training

Transportation Eligibility Form

Brought to you by Community Action of Wayne & Medina 905 Pittsburgh Avenue, Wooster, OH 44691 330.264.8677 - transportation@cawm.org - https://www.cawm.org

[check all that apply]

Community Action of Wayne & Medina oversees various transportation programs in Wayne County. We collaborate with numerous local agencies, some of which provide transportation services. Please provide us with the following information, and we will attempt to match you with a suitable program. Remember to print clearly.

What category of transportation assistance are you looking for?

□ Education: schools, colleges, universities	
□ Healthcare: hospitals, clinics, dental, mental health	
□ Shopping: grocery stores, markets, and retail outlets, for daily needs	
□ Social & Recreational: attending social events, hobbies, gyms, pools	
□ Public & Community Services: post office, library, JFS, Metro Housing, food bank	
□ Personal Errands: such as going to the bank, laundromat, lawyers	
□ Childcare: dropping off or picking up children from daycare, before/after school care	
□ Religious & Cultural Centers: places of worship as well as cultural centers	
□ Transportation Hubs: connecting to airports, train stations, bus terminals	
□ Quality of Life: local events, museums, parks, cinemas, restaurants	
□ Other:	
Priefly explain your peeds include the leastions and frequency. The more information you	
Briefly explain your needs, include the locations and frequency. The more information you	
give, the more likely we will be able to place you. Use additional paper if needed.	
For example, I need transportation for going	
to and from work Monday through Friday 8am to 5pm at 123 Main St in Shreve	
to multiple doctors in [list when & where] and monthly grocery shopping	

Different information is needed for variou	is programs. Please fill out as much as possible.		
Full Name			
Home Address [with city]			
Mailing Address [if different]			
maming your coo [in amorem]			
Phone Number	Email		
Veteran Yes or No Di	sabled Yes or No		
Date of Birth A	ge		
Gender Sc	ocial Security #		
Any Mobility Devices [cane, wheelchair, oxygen tank, etc]?			
Any Personal Care Assistant who may ride with you?			
Anything else you'd like us to know?			
Applicant Income Amount:	□ weekly □ biweekly □ monthly □ annually		
Income Type: work unemployment	SSI/SSDI Pension Social Security Other		
Total monthly income in the home:			
Income Notes:			
# of people in household:			
	_ with Kid/s □Couple □Couple with Kid/s □Other		
Do you receive rental assistance? Yes	· · · · · · · · · · · · · · · · · · ·		
Do you receive food assistance? Yes			
•	□ No If yes, how much?		
1	· ·		

Housing Type:	□ Rent □ Own □ Shelter	/Homeless Housing cost each	ch month:		
Landlord Name &	Contact Information:				
If homeless, whic	h agency are you working w	ith?			
Health Insurance:	□ Medicaid □ Medicare	e 🗆 Uninsured 🗆 Other:			
Does your Health	Health Insurance cover any transportation? Medical Non-Medical Unsure None				
Education Level	I □ 0-8th □ 9-12th □ Grad / GED □ Some College □ College Grad				
Ethnicity: African American / Black Hispanic Asian White Native American Other					
Do you have access to a safe, working vehicle & the ability to transport yourself?					
□ yes	s, always	the time	r □ no, never		
Do you h	ave anyone who would be a	ble to take you, with or with	out gas assistance?		
□ yes,	always	he time	□ no, never		
We use various	methods such as calls, tex	ts, and emails to stay in tou	ich with clients regarding		
local Transporta	ntion Programs, enrollment pro	ocessing, scheduling updates,	and more. If you prefer		
not to receiv	e these communications, ple	ase indicate by checking the	e relevant box below:		
☐ all are (DKAY □ Do NOT email n	ne 🗆 Do NOT text me	☐ Do NOT call me		
	Additional Household Mem	bers [use additional paper if	needed]		
	Person 2	Person 3	Person 4		
Name					
Relationship					
Votoron					
Veteran					
Disabled					
Disabled					
Disabled Date of Birth					
Disabled Date of Birth Gernder					
Disabled Date of Birth Gernder SocialSecurity#					
Disabled Date of Birth Gernder SocialSecurity# Mobility Device					
Disabled Date of Birth Gernder SocialSecurity# Mobility Device Income per month					
Disabled Date of Birth Gernder SocialSecurity# Mobility Device Income per month Health Insurance					
Disabled Date of Birth Gernder SocialSecurity# Mobility Device Income per month Health Insurance Ethnicity					

I certify this information is true and correct to the best of my knowledge. I release
any or all information necessary for verification, referral, and program purposes.
Signature of Applicant & Date
[if applicable] Signature of Guardian/Caretaker & Date
[if applicable] Guardian/Caretaker's Name & Contact Number
[if applicable] Guardian/Caretaker's Relationship to Applicant

DOCUMENT CHECKLIST - Different documents are needed for different programs. To increase your
likelihood of a quick enrollment, please turn in as much of these documents as you can.
□ 1 This Eligibility Form completed and signed, with all household member information
□ 2 Photo of Person applying
□ 3 Proof of Identity like a state-issued photo ID
□ 4 Proof of Disability [if applicable]
□ 5 Proof of Veteran/Active Duty Military [if applicable]
□ 6 Proof of Residency showing you live within Wayne County
□ 7 Proof of Citizenship or Legal Residency for all household members.
□ 8 Proof of any Income received in the past 30 days for any adults in the household.
Employment: use paystubs. Retirement or SSD/I: use an award letter or a recent bank statement
that shows your name, the account number, and the deposit info. If there's no income in the
home you'll need to request & fill out a 'Self Declaration of Zero Income Form'

Return this form as soon as possible.

Mail this & copies of any documents [please do not send originals] to Attn: Transportation, Community Action, 905 Pittsburgh Ave, Wooster OH 44691 Email photos of this & any documents to transportation@cawm.org Visit us in person Monday - Thursday from 8am - 5pm. Turn this & copies of any documents in to the front desk. Fax this & any documents to 330.264.0391 Attn: Transportation **Online** https://www.cawm.org/get-help/transportation/ You can find more information, apply, and upload copies of any documents.