

Card # \_\_\_\_\_

## Transportation Program Application

Legal Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female  
Pronouns: \_\_\_\_\_

A copy of a State Issued ID is required to process this application

Veteran:  Yes  No

Race:  American Indian/Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 White  
 I'd rather not say

Ethnicity:  
 Hispanic/Latino  
 NOT Hispanic/Latino

How did you hear about LINC? \_\_\_\_\_

Do you need accommodations for communication? If so, what? (Braille, Large Print, Interpreter, Captioning): \_\_\_\_\_

**This section MUST be completed and signed by a medical professional, such as a physician. This section is applicable for applicants under 60 years of age who have a disability.**

Is the disabling condition  Permanent or  Temporary?

Projected End Date (for temporary disabilities): \_\_\_\_\_

Providers Name and Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*As a licensed health care professional, I certify that this applicant has a disability that prevents or seriously limits their ability to drive.*

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

### Things you need to know:

- Be ready to provide your LINC Transportation Card to your driver.
- Your LINC Transportation Card can be used to pay for part or all your ride (depending on your card's available funds.)
- Protect your LINC Transportation Card like it is cash. Replacements are time consuming and may result in a replace fee. If your card is lost or stolen, or if you move or change your phone number, please contact LINC immediately.



## LINC Consumer Eligibility Form

I, \_\_\_\_\_, state that I have the following disability(ies)

\_\_\_\_\_  
Primary Disability

\_\_\_\_\_  
Secondary Disability

My disability(ies) substantially limits me from functioning independently in the following area(s):

\_\_\_ self-care

\_\_\_ employment

\_\_\_ mobility

\_\_\_ housing

\_\_\_ education

\_\_\_ other (specify): \_\_\_\_\_

The services I am requesting will help me (check all that apply):

\_\_\_ Improve my ability to function in my home and/or community

\_\_\_ Maintain my ability to function in my home and/or community

\_\_\_ Obtain, maintain, or advance my employment

I understand that it is my choice to have services provided to me under an Independent Living Plan (ILP), a formal plan which states my goals and the services I will receive) or I can choose to waive the plan. I choose:

\_\_\_ Independent Living Plan \_\_\_ Waive Independent Living Plan

\_\_\_\_\_  
Consumers Signature

\_\_\_\_\_  
Date

By signing below, I determine as a representative of LINC that the applicant is eligible for services and has met the basic requirements specified in Section 364.40.

\_\_\_\_\_  
IL Specialist Signature

\_\_\_\_\_  
Date



## Individual Rights and Responsibilities

\_\_\_\_\_ I understand that a written record will be maintained regarding activities, goals, services and loans with LINC and that I can change my plan at any time. This information is private and in protected by HIPAA laws. I can ask for details about these laws at any time.

\_\_\_\_\_ This plan is about me, and **my** dreams and goals. I understand that reaching them will require active participation and cooperation. This includes the keeping of appointments, scheduled activities, keeping contact information up to date and any needed tasks that are part of my Independent Living Plan (ILP).

\_\_\_\_\_ I understand that a LINC staff member may close my file at any time including when I have not actively participated, for any illegal activities, or any threatened or real violence.

\_\_\_\_\_ I received a copy of Client Assistance Program (CAP) information for assistance in resolving any consumer issues or complaints.

\_\_\_\_\_ I will give my feedback on my services and training if given a satisfaction survey.

\_\_\_\_\_ I have the right to appeal any decision made by LINC by contacting the IL Director

\_\_\_\_\_ I know that I can request communications in an alternative format (Braille, Large Print, Captioning, Interpreting etc.)

\_\_\_\_\_ In the event I am unsatisfied with my services from LINC, I can contact the Director of Independent Living Innovation or Executive Director at (208) 336-3335.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Consumer

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of LINC Staff