

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.