

Card # _____

Transportation Program Application

Legal Name: _____ Phone: (____) _____

Address: _____ Apt. # _____ City: _____ Zip: _____

Date of Birth: _____ Email: _____

Gender: Male Female
Pronouns: _____

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

Veteran: Yes No

Race: American Indian/Alaska 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): _____

The following section required for those under 60

Is the disabling condition Permanent or Temporary?
Projected - End date: _____
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 Photo ID and voucher/card to your driver.
- Your voucher/card supplements your ride and driver will require a co-payment.
- Treat your voucher/card like cash, replacements are time consuming and may result in loss of remaining rides for the month.
- Rides can only be used during their assigned month and do not roll over to the next month.
- If your voucher/card is lost or stolen, please contact LINC immediately.
- The number of rides provided each month may vary based on funding for this program.
- Voucher/card will not be forwarded so it is very important to update LINC if you move or change phone numbers, to prevent a disruption in your voucher/cards