

# CARTS Reduced Fare Application

7880 Lincole Place  
Lisbon, OH 44432

Date: \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
(Provide full legal name. Please print legibly) (Circle One: **Male/Female**)

Address: \_\_\_\_\_ Last 4 # of Social Security # \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Income \$ \_\_\_\_\_ Size of Family \_\_\_\_\_  
(List all 9 #s of Zip Code if possible) (Insert #)

Income is received from: \_\_\_\_\_  
(Provide Verification-if 60 or over)

Phone # (330) \_\_\_\_\_ - \_\_\_\_\_ Message # (330) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency # (330) \_\_\_\_\_ - \_\_\_\_\_  
(Circle One: Friend or Relative)

Disabled: \_\_\_\_\_ Check if used: \_\_\_\_\_ Wheel Chair \_\_\_\_\_ Walker/Cane \_\_\_\_\_ Scooter  
(Y/N)

Check proper one: Native American: \_\_\_\_\_ Asian: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Black/African American: \_\_\_\_\_

Non-Minority (White, non Hispanic): \_\_\_\_\_

Client Lives Alone: \_\_\_\_\_ Low Income: \_\_\_\_\_ Rural: Yes –all of Columbiana County is considered Rural.  
(Y/N) (Below \$1485 month –Verify If 60 or over)

Understands English: \_\_\_\_\_ Frail: \_\_\_\_\_  
(Y/N) (Y/N)

Check if assistance from the door is needed: \_\_\_\_\_

You **must provide a copy** of **one** of the following; your **birth certificate; or Ohio ID card; or Drivers License.**

If you are **disabled** for any reason, you **must provide a copy of either a doctor's statement or award letter from Social Security. Income verification if 60 or over with this form.** This is for a reduced and/ or subsidized fare card in Columbiana County. **(Do not send original documents; send copies, they will not be returned.)**

## ALL QUESTIONS MUST BE ANSWERED

*By signing this form I am acknowledging that all Information is true and correct to the best of my knowledge. I understand that any information provided may be shared with any other department within the Community Action Agency of Columbiana County, Inc. to permit the CAA of CC, Inc. to comply with State and Federal agencies monitoring requirements. If needed, I authorize the CAA of CC, Inc. to verify any information provided.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For office Use Only

Date Received \_\_\_/\_\_\_/\_\_\_ Staff Signature \_\_\_\_\_

Approved Yes/No Card Issue Date \_\_\_/\_\_\_/\_\_\_ Card # \_\_\_\_\_