

Low-Income Transportation Program Application

Independent Transportation Network *Monterey County* has a program to help low-income seniors, 60 years of age and above, and visually-impaired adults 18 and over, get rides to and from appointments and activities.

The program provides discounted rides each month (\$7.50 per one-way), and is available to low-income residents of the Monterey Peninsula and Salinas areas we serve.

- Members are provided a partial sponsorship for each ride (one-way).
- Members are responsible for paying a fare of \$2.00 per mile for any distance that exceeds the sponsored amount. Members agree to keep a minimum balance of \$25 in their Personal Transportation Account and will be billed monthly to maintain that level.
- **Rides must be scheduled by 2:00 pm, two business days in advance.**
- Any extra stops need to be scheduled in advance. A \$2.00 stop fee is applied for our drivers to wait.
- You may have a caregiver with you, if necessary.
- We may ask you to share a ride from time to time, depending on timing and driver availability.
- **All rides scheduled outside of the program hours (8am-6pm) will be charged the regular rate - \$4 pickup fee and \$2.00 per mile (minimum \$10.00 per ride). Rides before 7 am and after 9 pm will be charged \$8 pickup fee, \$2.00 per mile (\$15.00 minimum fee).**
- Members will be charged a \$10 hourly rate (%50 off our regular rate) when a driver must accompany the member through the duration of the trip (example: assistance grocery shopping)
- Applicants must provide proof of low income status.

To qualify, you must currently receive benefits from an established low-income program administered by a local, state or national agency or organization. Please complete the back of this form and return to our office.

Please list the programs you currently receive benefits from:

- Medi-Cal - ID# _____
- Cal-Fresh (food stamps) ID # _____
- Elder-Care ID# _____
- Housing Assistance ID# _____
- Other:

Your signature below indicates that you agree to the Partial Sponsorship Program guidelines described above. Your signature also confirms that you are currently receiving benefits through one or more of the programs for low-income individuals that you have identified above.

Print name: _____ Phone: _____

Address _____ CA _____
Number and Street City Zip Code

Signature: _____ Date: _____

Thank you for applying for the ITN*MontereyCounty* Low Income Transportation program. We will notify you when your application has been processed and you are eligible to begin scheduling rides.