



**Everyone Rides NICE, Inc.  
APPLICATION**

DATE: \_\_\_\_\_

**CLIENT DATA**

<b>Last Name</b>	<b>First Name</b>	<b>Phone: Cell or Home</b> (    ) (    )	<b>Client Email</b>
<b>Street</b>	<b>Town and Zip</b>		<b>Identification (Please Indicate type)\</b>
<b>Reason for Transportation Request:</b>			
<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Medical Appointment <input type="checkbox"/> Job Search <input type="checkbox"/> Benefits Appt    Other _____ <div style="text-align: right;"><i>Please indicate reason</i></div>			
<ul style="list-style-type: none"> <li>● PLEASE SPECIFY</li> <li><input type="checkbox"/> Adult (18 – 64)    <input type="checkbox"/> Senior (65+)</li> </ul>		<ul style="list-style-type: none"> <li>● Medicaid Eligible    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Pending</li> <li>● Paratransit Eligible    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Pending</li> </ul>	
<ul style="list-style-type: none"> <li>● Why does client need transportation?</li> <li><input type="checkbox"/> Does not drive    <input type="checkbox"/> Lacks funds to pay    OTHER: _____</li> <li><input type="checkbox"/> Does not own auto    <input type="checkbox"/> No family/friends to drive</li> </ul>			

**MONTHLY INCOME/EXPENSE INFORMATION**

Source of Income	Net Monthly Household Income	Expenses	Monthly
Check Source:		Rent/Mortgage/Taxes	
<input type="checkbox"/> Employment	\$	Utility	
<input type="checkbox"/> Unemployment		Telephone (Cell/Home)	
<input type="checkbox"/> Social Security		Insurance (Car/Medical/Life Home)	
<input type="checkbox"/> Disability		Food	
<input type="checkbox"/> Public Assistance		Prescriptions/Medical	
Other:		Loans/Credit Cards	
		Other Expenses Please Indicate:	
		<b>TOTAL</b>	

*Client's signature attests to the accuracy of the information provided and further allows the agency to advocate on behalf of this client for services. Providing misleading or inaccurate information could prevent future assistance through the Transportation Fund. Client further understands that completion of this application does not guarantee assistance from the Transportation Fund.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AGENCY: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

STAFF NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Number of Cards Appoved: \_\_\_\_\_ Value (@ \$5.50 each) \_\_\_\_\_