

Kennebec Valley Community Action Program  
Transportation Services  
97 Water St  
Waterville, ME 04901-6339  
(207) 877-5677  
1-800-542-8227  
FAX 877-0496

## Application for KV Van Services

*A separate application must be completed for each member of the household requesting services*

Applicant's Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Telephone # \_\_\_\_\_ Message Telephone # \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MaineCare Number \_\_\_\_\_

**Income and Source:** The following information is needed to determine eligibility for services.  
Service is provided free of charge to eligible clients.

**Please list all household income and provide a copy of your most recent pay stub or income statement:**

TANF (*Temporary Assistance for Needy Families*) Monthly Income \$ \_\_\_\_\_

SSI (*Supplemental Security Income*) Monthly Income \$ \_\_\_\_\_

All Other, Please Specify \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

**Total number of people in household, including myself** \_\_\_\_\_

In order for us to provide you with the best type of assistance, please list any physical disabilities that you need special accommodations for (optional):

**Service Requested:** Van or Volunteer Driver \_\_\_\_\_ Friend & Family Driver Mileage Reimbursement \_\_\_\_\_

**In case of emergency please contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

*I certify that the above information is correct. I will notify the agency that is providing me this service promptly if there is any change in my household income or living arrangements. I understand that this information may be provided to the Maine Department of Health & Human Services for use in administration of this program.*

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

Please provide accurate directions to your physical street address. Please use the back of this form if necessary.