

Kennebec Valley Community Action Program
Transportation Services
97 Water St
Waterville, ME 04901-6339
1-800-542-8227
Augusta FAX 623-2391
Waterville FAX 877-0496
Skowhegan FAX 474-3803

Application for KV Van Transportation Services

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

Applicant's Name _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Town of Legal Residence (if different) _____

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 free services.

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 \$ _____

Do you receive community support services through a local mental health agency (optional) ? Yes ___ No ___

Total number of people in household, including myself _____

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

In case of emergency, please contact _____ **Phone** _____

I certify under penalty of perjury 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 will be provided to the Maine Department of Health & Human Services for use in administration of this program.

Signature _____ **Date** _____

If your address is a post office box or RFD number, please give us your street address and accurate directions to your home. Please use the back of this form if necessary. Thank you