



Transportation Services
101 Water St
Waterville, ME 04901-6339
1-800-542-8227
Waterville FAX (207)877-0496
Application for KV Van Transportation 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 _____

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. Incomplete applications will not be processed and will be returned to the applicant.

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

- TANF (*Temporary Assistance for Needy Families*) Monthly Income \$ _____
- SSI/SSDI Monthly Income \$ _____
- All Other, Please specify _____ Monthly Income \$ _____

Total number of people in household, including myself: _____

If you currently do not have any Income please explain, including how you are being supported:

Transportation needs:

How often do you need transportation? { } Once, { } Daily, { } Weekly, { } Monthly or Other _____

Do you have a friend or family member who can transport you for reimbursement? _____

Expected start date: _____ Expected end date: _____

Please turn over

What are the addresses of your medical providers?

Dialysis, Cancer-care, Other _____
Please specify

In order for us to provide you with proper transport, please check all that apply:

Walk-On Wheelchair able to transfer Rider in Wheelchair Walker Oxygen
 One escort Other _____

Is there anything else we should know to help with your transport?

In case of emergency, please contact _____ Phone _____

I certify under penalty of perjury that the above information is accurate. I will notify KVCAP that is providing me this service promptly if there is any change in my household income or living arrangement. 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 below. Thank you.