



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:**

- |   |                         |
|---|-------------------------|
| <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) | Monthly Income \$ _____ |
| <input type="checkbox"/> SSI/SSDI                                       | Monthly Income \$ _____ |
| <input type="checkbox"/> 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?

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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?

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**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.