

2011-2012 CABS PROGRAM APPLICATION

PLEASE PRINT CLEARLY:

Name _____ Today's Date _____

Check what you would like; __ Work Pass __ Personal Use Tickets __ Both

You will pay **\$5.00** for work related cab rides ONLY WHEN RIDING BETWEEN:

You will pay **\$3.00** for work related NTS rides ONLY WHEN RIDING BETWEEN:

Home Address (REQUIRED FOR ALL APPLICANTS):

Street Address:
City/State/Zip:
Phone Number:

Work Address:

Business Name:
Street Address:
City/State/Zip:
Phone Number:

NOTE: THE CABS PROGRAM IS TO BE USED ONLY WHEN NO OTHER TRANSPORTATION (i.e.: City Bus, Lifts & NTS) IS AVAILABLE OR THERE ARE NO OTHER OPTIONS! If there is a reason you cannot use those services, please explain below. Your case will be reviewed and you will be notified if an exception can be made.

Person/Organization that is referring* you and helping you fill out the form:

Name:	
Agency Name:	Phone Number:

***If you do not have a referral, you must provide documentation of your disability from a doctor.**

Personal Information:

Date of Birth: _____

Are you? Male or Female (circle)

Disability (check one)

- ___ Intellectual Disability ___ Mental Illness ___ Chronic Mental Illness
- ___ Learning Disability ___ Physical Disability
- ___ Seizure Disorder ___ Multiple Sclerosis
- ___ Brain Injury ___ Blind/Visually Impaired
- ___ Deaf/Hearing Impaired ___ other _____

Did the onset of your disability occur before the age of 22? (Circle) Yes No

If passes became available to attend school or educational classes, would you be interested? Yes No

By signing below I agree that:

- I have included the required application fee. I understand this fee must be paid BEFORE any passes or tickets will be sent to me. This fee is required to renew my application on an annual basis. This money helps support the ongoing operations of the CABS Program.
- I understand that each application will be reviewed to see if there is another way for me to get to or from work that will cost less. If there is another way, I will be notified and required to use that way instead of the CABS Program.
- I have been given a copy of the CABS Program rules and they have been explained to me. I agree that I will follow all the rules of the program. I understand that if I do not follow them, my pass can be taken away.
- I give my permission to release the above information to the cab company I have chosen, or an alternate provider.
- I hold harmless the sponsoring agencies in the event of an accident or incident related to a cab ride paid for in part by the program.

Signature of rider

Date

Please send your completed application, along with your \$10 Application Fee, (check made payable to LCCS or Linn County Community Services) to:

**CABS Program
317 7th Avenue SE
Suite 205
Cedar Rapids, IA 52406**

For more information please contact: Barb Beets, CABS Program Travel Coordinator
Phone: 363-1321, Ext. 106
Email: b.beets@nts-cr.org