

## Diamond Valley Transportation Assistance Program

Applicant	
Name:	
Phone:	Birthdate:
Residential Address:	Mailing Address:
Medical Equipment Used:	

Emergency Contact #1
Name:
Relationship:
Phone:
Address:
Emergency Contact #2
Name:
Relationship:
Phone:
Address:

Required Documentation: Proof of Age and Household Income	
<input type="checkbox"/>	Current Notice of Assessment
<input type="checkbox"/>	Proof of Age (ID, Passport etc.)

## Diamond Valley Transportation Assistance Program

FEE CONTRACT								
This service is part of a regional pilot project running on grant dollars. Any efficiencies and/or challenges revealed throughout the operation of the program may affect the parameters of the service and potential continuation past the pilot period. I agree to the following with regards to my participation in this project:								
<input type="checkbox"/>	I understand that my income must be verified each year for the duration of this project. FCSS Diamond Valley will contact me for that information when required.							
<input type="checkbox"/>	I understand program demand may affect the number of subsidized trips permitted each month and/or the fees charged for them. FCSS Diamond Valley will provide notice of any changes in writing.							
<input type="checkbox"/>	I give permission for FCSS Diamond Valley to share my name and address with the agencies/organizations contracted to provide transportation services and those involved in this project.							
<input type="checkbox"/>	I hereby declare that all information given is accurate, complete, and I fully disclose my household income from all sources. I agree to pay my portion of the trip to the driver directly on the day of the trip.							
<table border="1"> <thead> <tr> <th>Name of applicant (please print)</th> <th>Signature</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Name of applicant (please print)	Signature	Date			
Name of applicant (please print)	Signature	Date						
The personal information collected through the Diamond Valley Transportation Assistance Program form is for the purpose of approval and enrollment in the regional pilot project. This collection is authorized under section 4(c) of the Protection of Privacy Act. For questions about the collection of personal information, contact the Privacy Office <a href="mailto:LegislativeServices@DiamondValley.town">LegislativeServices@DiamondValley.town</a> or 403-933-4348.								

<b>For Office Administration</b>	Date:
<input type="checkbox"/> Income Verified	Staff Name:
<input type="checkbox"/> Age Verified	Staff Name if different from above:
<input type="checkbox"/> Applicant Approved:	Staff Signature: