

# Coastal Trans TRANSPORTATION COUPON PROGRAM

APPLICATION FOR INDIVIDUALS WITH DISABILITIES

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## INSTRUCTIONS FOR COMPLETING APPLICATION

- 1) Fill out application completely and print clearly.
- 2) Don't forget to sign and date the reverse side.
- 3) **IMPORTANT:** You **must** include a current (within the past 6 months) picture of yourself along with the application in order for your identification card to be processed. The following are ways to get your picture to us:
  - a) A color picture clearly showing your face with your name and date of birth on the back side of the picture. It may be mailed or dropped off **with** your application to our administrative office at the address on the reverse side of the application. If you would like your picture returned to you, you must include a self-addressed stamped envelope. **\*Note:** We cannot accept photocopies of licenses.
  - b) You may email a picture clearly showing your face, in a .jpg format to [mobilitymanagement@coastaltrans.org](mailto:mobilitymanagement@coastaltrans.org). This is a good option if you are faxing your application or do not have a picture to include with the application you sent to the office. If you choose to email the picture, you **must** include your full name, address and date of birth in the email or we will not be able to match the picture to the application.

If neither of these options works for you and you are unable to supply us with a picture, please call our office and we will try to accommodate your needs. Please be advised that this may slow down your qualification process so it is best if you are able to get the picture to us. *You must have an identification card from the program to use your coupons.*

- 4) Completed applications may be mailed or faxed to the Coastal Trans administrative office. The address and fax number are on the reverse side of the application. Once your application has been approved, you will receive your identification card along with instructions on how to purchase and redeem your coupons.

**\*PLEASE NOTE: APPLICATIONS WILL NOT BE APPROVED UNTIL A PICTURE IS RECEIVED.**

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OFFICE USE ONLY  
 Date Received \_\_\_\_\_  
 Reviewed by \_\_\_\_\_  
 Approved \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Client ID# \_\_\_\_\_

Please print clearly (one character or letter per box, leaving a blank box between words)

Last Name										First Name										MI

Physical Street Address																				Unit #			

City															State		Zip Code		

Mailing Address (If Different From Above)																				Unit #			

City															State		Zip Code		

Area Code				Primary Phone				Area Code				Secondary Phone			
Area Code				Fax											

Email Address															Gender		M F	

Date of Birth		Month		Day		Year		TDD # (if applicable)	

**Definition of Disability**

Eligibility for this program is based on disability as defined by the Americans with Disability Act (ADA). According to the ADA, "Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such impairment; or being regarded as having such an impairment". "...major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work."

**Please answer the following questions:**

Is the applicant's disability permanent?  YES  NO

(A standard definition of a permanent disability is one that last for 12 months or longer)

If not, how long is it expected to last? \_\_\_\_\_

**What is the nature of the applicant's disability?**  
 (Check those that apply)

- Mobility disability
- Vision disability
- Hearing disability
- Cognitive disability (ie: Alzheimer's, Dementia, etc.)
- Developmental disability
- Mental Health disability
- Other (please specify): \_\_\_\_\_

**Please check all mobility aids that apply:**

- Manual Wheelchair
- Power Wheelchair
- Motorized Scooter
- Crutches
- Walker
- Cane
- Service animal

Do you need to have an attendant/companion with you?  Yes  No  Sometimes

I understand that the purpose of this form is to determine if I am eligible to participate in the New Freedom Transportation Coupon Program offered through the Coastal Trans mobility management program. I understand that this program is designed to serve individuals of any age with a physical or mental impairment that substantially limits one or more major life activities.

I certify that I meet the eligibility criteria and that the information I have provided on this application form is true and accurate to the best of my ability. I understand that additional verification from a health care provider may be requested to aid in determination of eligibility.

I agree that any transportation coupons I purchase are for my personal use only. I agree not to give or sell my coupons to another individual. I acknowledge that giving or selling my coupons to other individuals may prevent continued participation in the Transportation Coupon Program and that doing so constitutes fraud which may lead to prosecution.

\_\_\_\_\_  
Applicant Signature Date

If you have completed this application on behalf of the applicant, please provide the following information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*In an effort to gather information to create new or enhance current transportation options, please provide feedback on the following optional questions:*

Please identify any transportation barriers that are currently affecting you: \_\_\_\_\_

What services would you like to see implemented that could eliminate these barriers? \_\_\_\_\_

Please check your ethnicity:  Black  White  Asian  Hispanic  Other: \_\_\_\_\_

Briefly explain how your disability and/or medical diagnosis make it difficult for you to use the transportation that is currently available in your area: \_\_\_\_\_

How did you hear about this Program?  Friend  Website  Agency  Other \_\_\_\_\_

(ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

MAIL OR DROP OFF COMPLETED FORM TO:

CTI Transportation Coupon Program  
46 Summer Street  
Rockland, ME 04841

OR FAX TO: (207)594-2742