



Getting you where  
you need to go.

# Guilford County Transportation And Mobility Services

1203 Maple St Street  
Greensboro, North Carolina 27405  
Phone (336) 641-2561 Fax (336) 641-3704

## Employment Transportation Assistance Program Eligibility Form

- Please Print.
- Complete a separate application for each individual requesting service.
- The application can be completed by the person receiving the service or a caregiver.
- The information you provide will not be distributed to anyone not associated with the transit system.
- Processing takes one to two days. Once processed, you will be contacted.

### First we need the Name and Address of the person receiving the transportation service:

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_ Mobile Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If your address is a group home or other named facility/location (i.e. an apartment complex), please write the name below.

\_\_\_\_\_

### Secondly, in order to make the service valuable to you, we need to know the following:

Does the person requesting the service have a physical or mental impairment that substantially limits one or more major life activities?

Yes  No If yes, please briefly describe the impairment: \_\_\_\_\_

\_\_\_\_\_

Does the person requesting the service use a...

Walker  Wheelchair  Electric Wheelchair  Motorized Scooter  Oxygen Tank

Will the person requesting the service usually be traveling...

alone  with children  with a companion/personal care assistant  with a service animal.

Will you need transportation to a day care as part of your employment transportation?  Yes  No

If yes, what is the address of the day care? \_\_\_\_\_

Does someone need to be at home when transportation drops the person off at home?  Yes  No

Continued on next page...

**In order to accurately evaluate your transportation needs, we need to know the following:**

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Typical Work Schedule**

Days:  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Varies

Hours: \_\_\_\_ to \_\_\_\_ \_\_\_\_ to \_\_\_\_ \_\_\_\_ to \_\_\_\_ \_\_\_\_ to \_\_\_\_ \_\_\_\_ to \_\_\_\_ \_\_\_\_ to \_\_\_\_

*Note: There maybe a fare of \$2.50 one way for transportation. You will be notified if the fare applies. Collection of the fare is processed through a monthly billing process. Please pay the fare in a timely manner. Failure to pay could result in a suspension from the service.*

**To be eligible for Employment transportation services the following information must be provided.**

Employment Verification:  Check Stub  Employment Letter  Other Family Size: \_\_\_\_\_

Income:

Source of Income	Monthly Gross Income (estimate if part time or hourly)
Total Gross Monthly Income:	

**Referral**

(To be completed only if being referred by an agency)

DSS  Other Agency \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Eligibility Certification from \_\_\_\_\_ to \_\_\_\_\_ (Maximum of three months)

Authorized by

\_\_\_\_\_  
Signature of Social Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Supervisor

\_\_\_\_\_  
Date

