



TRANSPORTATION PROGRAM FOR ELDERLY PERSONS

FY 2016-17 Application for Assistance (Please Print)

City of Killeen, Texas

1. NAME:		2. HOME ADDRESS:	
3. DATE OF BIRTH:	4. TELEPHONE #	5. E-MAIL ADDRESS:	6. MARITAL STATUS: (circle) Married Widowed Divorced Never Married
7. TOTAL NUMBER OF PERSONS IN HOUSEHOLD:			
8. DO YOU CURRENTLY DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No DO YOU CURRENTLY OWN A VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. DISABLING CONDITION: Information will be used only to facilitate individual travel needs under the services offered by this program.			
a. Please provide medical, health, or disabling conditions/disabilities that apply to you: _____			
b. Does your disability affect your daily living activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
c. Is your condition/disability: <input type="checkbox"/> temporary <input type="checkbox"/> chronic			
d. Do you use any mobility aids? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what do you use? _____			
e. Do you currently pay for the use of the Special Transit Services (STS) provided by the HILL COUNTRY TRANSIT (HOP)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. EMERGENCY CONTACT INFORMATION:			
Name		Relationship	Telephone #
Address		City	State Zip Code
11a. ARE YOU ENROLLED IN MEDICARE? <input type="checkbox"/> Yes <input type="checkbox"/> No		11b. ARE YOU ENROLLED IN MEDICAID? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. PHYSICIAN OR HEALTH CARE PROVIDER INFORMATION:			
Name		Telephone #	
13. TRANSPORTATION SERVICES: Please SELECT ONLY ONE (1) type of transportation service			
<input type="checkbox"/> Curb to Curb (taxi) Limited service, limited rides, limited locations, 7 days a week/24 hours a day. Limited number of rides provided.		<input type="checkbox"/> Pubic Transit-Fixed Route Bus Service - <i>the HOP</i> bus service, fixed routes, fixed pick-up at designated bus stops, Monday -Friday, limited Saturday service, wheelchair accessible. Multi-ride passes provided.	
		<input type="checkbox"/> Special Transit Service Para-transit service, must be qualified by <i>the HOP</i> system, 24 hour advance service request. Multi-ride passes after qualification by the HOP.	
14. RACE: Information is used for statistical purposes only. The federal government requires the following information for programs using federal funds.			
Select ONLY ONE as it applies to you			
Are you Hispanic or Latino? Yes No <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> American Indian/Alaskan Native/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian Native/Other Pacific Islander <input type="checkbox"/> Am. Indian/AK Native and Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Other Multi Racial	
15. INCOME DISCLOSURE AND CERTIFICATION Please list all types of monthly income and monthly amounts			
INCOME TYPE		MONTHLY AMOUNT	
Retirement/Pension	\$	Temporary Assistance for Needy Families	\$
Social Security / SSI or Disability	\$	Other sources of income	\$
16. AUTHORIZATION, CERTIFICATIONS, SIGNATURE Please read thoroughly before signing. WARNING: Title 18 U.S. Code §1001 states that a person is guilty of a FELONY for knowingly and willingly making a false or fraudulent statement to a Department or Agency of the United States. State law may also provide penalties for false or fraudulent statements.			
I UNDERSTAND this is an application for transportation assistance and DOES NOT GUARANTEE AWARD or PARTICIPATION IN THE TRANSPORTATION PROGRAM FOR ELDERLY PERSONS (known as the Program) I UNDERSTAND the nature of the program and that any necessary proof of my qualification is made willingly. I AUTHORIZE the Program administrator to release any information provided to agencies that may provide funding for the program. I UNDERSTAND that the Program may end or services may be reduced without notification. I CERTIFY that I have read this application and that all of the information contained herein is true to the best of my knowledge and that falsification of information provided on this or any document submitted for eligibility may lead to my termination from the Program.			
Signature: _____		Date: _____	
City Staff Use Only			
Received By: _____		Approved By: _____	
Date: _____		Date: _____	
12m/ANNUAL \$ _____		Type of Service Approved: _____	
HUD Income Limits Date: _____		CARD#: _____	
		% AMI 0-30 30-50 60-80 OVER 80	



CITY OF KILLEEN, COMMUNITY DEVELOPMENT DIVISION
TRANSPORTATION PROGRAM FOR ELDERLY PERSONS

PROGRAM INFORMATION

- The City of Killeen Transportation Program for Elderly Persons provides basic transportation assistance to low-income Killeen residents who are 62 years of age or older.
 - The program will begin in October 2016 and end on September 30, 2017.
 - The program is funded, in whole or in part, by the Community Development Block Grant (CDBG) - a federally funded program of the U.S. Department of Housing and Urban Development (HUD) and the City of Killeen.
 - Income Eligibility levels are determined annually by HUD.
 - Program funding is limited and applicants may be approved for assistance based on:
 - a sliding scale with assistance provided first to individuals with the lowest income then gradually ascending to individuals with the highest income and/or
 - whether applicant is currently able to drive and has his/her own personally owned vehicle.**
- This program provides services to eligible persons who have very limited access to transportation.**

APPLICANT ELIGIBILITY

To participate in the program, each applicant must:

1. Be a US citizen or permanent resident alien and must provide proof with a photo identification issued by a governmental or state department or agency of the United States.
2. Reside within the corporate city limits of Killeen. If current address is different from address on form of ID presented, then a copy of a most recent utility bill with the current address must be provided.
3. Have a total gross annual income at or below 80% of the area median income as adjusted for family size and determined by HUD for the program.

APPLICATION INFORMATION

- **Applications must be received by 5:00 p.m., Friday, September 2, 2016**
- Applicants must submit or apply/reapply each year to participate in the program.
- Applicants must be 62 years of age or older at the time the application is submitted.
- Applicants must provide necessary documents as proof of income such as: bank statements-checking and savings, pay stubs, benefit statements for Social Security, Supplemental Security Income (SSI) or Disability income, Pension and/or retirement income, alimony, child support, Temporary Assistance for Needy Families or other income statements.
- Applicants must submit a separate application for each eligible member within a household.

TYPES OF TRANSPORTATION SERVICES

Transportation services depend upon available program funding and/or the transportation provider(s) contracting with the City. Please review the different types of transportation services that are expected to be available for the program year and select **ONLY ONE (1)** type of service you prefer to use, **City Staff reserves the right to make final service determinations.**

1. **Curb to Curb (taxi) Transportation Services** – The City of Killeen contracts with a local company to provide service (7) seven days a week, (24) hours a day except for certain holidays. This service is limited to a specific number of rides per month and is limited to only specific locations within the Killeen city limits, Harker Heights, or Ft. Hood. This service may require combined use with other services within the program.
2. **Public Transit-Fixed Route Bus Services:** Transportation services are operated by Hill Country Transit District – the HOP. Buses operate Monday through Friday with limited service on Saturday. Access services at designated bus stops with pick-up on a fixed schedule. Each bus is wheelchair accessible. Multi-ride passes are issued for this type of service per month. A HOP senior card will allow for increased monthly rides for the card holder.
3. **Special Transit Services (Para Transit Service):** Transportation services are operated by Hill Country Transit District. Special Transit Services (STS) operate Monday through Friday with limited service on Saturday. This service assists qualified individuals who are unable to ride the fixed route bus system, including those who are unable to get to or from the bus stops, to board, ride, or disembark from the fixed route vehicles. **Applicants must apply for this service by calling the HOP office at 800-791-9601.** Multi-ride passes are issued for this type of service per month.

APPLICATION FORM INSTRUCTIONS

Please review this information and the required documents necessary for proof of income and program eligibility. **Please print all information.**

1. Enter the applicant's first and last name.
2. Enter the applicant's current address plus zip code.
3. Enter the applicant's date of birth.
4. Enter the applicant's telephone number.
5. Enter the applicant's e-mail address if applicable.
6. Circle the applicant's current marital status.
7. Enter the number of persons in the household.
8. Indicate whether the applicant currently drives AND if applicant owns a vehicle.
9. Provide applicant's disabling conditions (if any) as provided, answer questions 9a-9e.
10. Enter the applicant's emergency contact information for the person to be contacted in the event of an emergency regarding the applicant.
11. Indicate whether the applicant is enrolled in Medicare and/or Medicaid.
12. Enter the applicant's physician or health care provider information.
13. Select **ONLY ONE** Type of Transportation Service the applicant prefers to use.
14. Mark YES or NO if the applicant is Hispanic or Latino; mark only one for applicant's race.
15. Enter the applicant's monthly amount of income for each income type listed - this amount must be the gross amount before any deductions for taxes, insurance, etc.
16. **PLEASE READ THIS SECTION THOROUGHLY - the applicant must sign and date the application form.**

ATTACH ELIGIBILITY PROOF DOCUMENTS TO APPLICATION FORM - attach a copy of each type of income received by the applicant:

- A copy of any type of federal or state government issued photo identification card.
- A copy of income documentation (Bank Statements for all accounts held, pay stubs, unemployment benefits, Social Security Statement, Veteran's Administration Disability or Dept. of Defense retirement statement, retirement or pension statement, annuities, IRAs, Certificates of Deposit, alimony, child support or maintenance, etc.)
- **IF THE ADDRESS ON APPLICATION IS DIFFERENT FROM ADDRESS ON IDENTIFICATION CARD**, submit a copy of a recent utility bill with the current address.

RETURN THE COMPLETED FORM AND PROOF DOCUMENTS:

Application forms and proof documents are due by 5:00 pm Friday, September 2, 2016

By Mail: City of Killeen Community Development Department
Elderly Transportation Program
802 N. 2nd St., Building E
Killeen, TX 76541

In Person: City of Killeen Community Development Department
Killeen Arts and Activities Center (between 2nd St. and 4th St.)
802 N. 2nd Street, Building E, first floor
Killeen, TX 76541

IF YOU HAVE QUESTIONS ABOUT THE PROGRAM OR APPLICATION FORM OR PROOF DOCUMENTS - Please call (254) 501-7843 or e-mail: csierra@killeentexas.gov or visit the City of Killeen website at www.killeentexas.gov/transportationprogram for additional information. To review complete program policies and procedures, please contact City of Killeen, Community Development Department offices.

**ONLY COMPLETE APPLICATIONS WITH ALL REQUIRED PROOF DOCUMENTATION
WILL BE CONSIDERED AND REVIEWED.**