



Dear Applicant,

Thank you for your inquiry into the City of St. Peters' Transportation Services Program. This program offers transportation for necessary medical, shopping and essential services. The Transportation Program is available to residents of the city who meet the criteria and require transportation services. In order to be considered for the program, an applicant must:

- Individual must reside within the corporate city limits of St. Peters.
- Individual must lack access to a vehicle or be unable to drive.
- Individual is elderly, or severely disabled, or the total household income from all occupants is equal to or less than 80% of the median household income as defined and published by HUD.

In order to determine your eligibility for the program, please check one of the following and provide back up information for that item:

___ I am age 62 or older. **(Please provide copy of birth certificate or identification showing birth date)**

___ I am disabled based on the HUD Section 504 regulation which defines an individual with a disability as any person who has a physical or mental disability that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment (24 CFR 8.3). Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. The law also applies to individuals who have a history of such impairments as well as those who are perceived as having such an impairment. **(Proof of the disability is required prior to acceptance into the program. Please include a doctor's note or letter from the Division of Social Security regarding the disability as well as income information.)**

___ Based on 2015 Federal Taxes **(Proof of income is required. Please include Federal Tax Statement with backup information.)**

1 Person HH \$39,400, 2 Persons HH \$45,000, 3 Persons HH \$50,650, 4 Persons HH \$56,250, 5 Persons HH \$60,750, 6 Persons HH \$65,250, 7 Persons HH \$69,750, 8 Persons HH \$74,250.

Please complete the following documents:

1. The enclosed Participant Information form
2. The enclosed Declaration form
3. The enclosed Release form
4. The enclosed Eligibility form (only if qualifying based on income)
5. The enclosed Authorization to Disclose Health Information

Please submit your application materials in the enclosed envelope by mail or in person to:

City of St. Peters
Attn: Brandi McDowell
P.O. Box 9
St. Peters, MO 63376

Please allow up to two weeks for a response from the city on acceptance into the program. If you have any questions, please call the Community Projects Office at 636-477-6600, Ext. 1365.

Brandi McDowell
Accounting Clerk - CDBG

**CITY OF ST. PETERS
2015-2016 TRANSPORTATION SERVICES PROGRAM**

PARTICIPANT INFORMATION

Applicant Name _____

Address _____ Zip Code _____

Phone: Home _____ Business/Cell _____

Is anyone else living in your home also applying for the program? _____

If yes, please list name _____

Please briefly describe the services that you require:

Please complete the following:

I am ambulatory and require no assistance _____

I need assistance in and out of the vehicle _____

I need assistance from my door, into and out of the vehicle, and up to the door at my destination. _____

I cannot sit and need to be transported in a reclined position _____

I use a cane _____

I use a walker _____

I use a wheelchair _____ if yes, do you weigh over 200 lbs.? _____

Do you have a wheelchair ramp? _____

Do you have outside steps from your front door _____ how many steps? _____

I will use the transportation services primarily for:

_____ medical (hospital, doctor offices or other medical facilities, pharmacy, etc.)

_____ essential shopping (Grocery store, Walgreens, Target/Walmart, Mid Rivers Mall, etc.)

_____ other (briefly describe) _____

Will anyone accompany you? _____
If yes, how many persons? _____ Are they over the age of 18? _____

Do you currently drive or have access to a vehicle? _____

Do you have any unusual transportation needs? _____

If yes, briefly explain: _____

Do you have any special medical conditions or disabilities that we should be aware of? _____

If yes, please explain: _____

Are you currently enrolled in the St. Peters Transportation Program? _____

Are you currently enrolled in any other transportation programs (Delta, Star, OATS)? _____

If yes, please list which one(s) you currently use: _____

Emergency Contact Information- please complete (family, friend, neighbor, etc.)

Whom may we contact in the event of an emergency:

Name: _____

Address: _____

Phone: Home _____ Business _____ Cell _____

Relationship _____

The City is required to provide statistical information to the U.S. Department of Housing and Urban Development on those participating in our program. Please check each category below that applies. There may be a delay in processing the application if the statistical questions are not completed.

Male ___ Female ___

Age: under 30 years _____
31 to 45 years _____
46 to 60 years _____
61 to 75 years _____
over 75 years _____

Ethnicity: (select *only one*)
Hispanic or Latino _____
Not Hispanic or Latino _____

Race: (select any that apply)
American Indian/Alaskan Native _____
Asian _____
Black/African American _____
Native Hawaiian/Other Pacific Islander _____
White _____

Are you disabled based on the Hud Section 504 regulation found on the front page of this application?
(No proof of disability is necessary if you're being accepted based on age or income.)

Yes _____ No _____

On average, how many one-way trips per month do you believe you will use? (2 One-Way Trips = 1 Round Trip)
____ less than 2 per month ____ 2-8 ____ 9-16 ____ 17-24 ____ 25-34 ____ 35 or more

How did you find out about the program? _____

When is the best time to contact you? _____

DECLARATION

The undersigned acknowledge that participation in the Transportation Program is voluntary.

The undersigned hereby apply for participation in the Transportation Program as administered by the City of St. Peters and agree to provide the City with the information requested on the Participant Information Form, the Eligibility Certification and all other information requested by the City.

The undersigned further agree to comply with all program conditions, including, but not limited to, compliance with all applicable federal, state, county, and/or city requirements pursuant to the Housing and Community Development Act of 1974, as amended.

The undersigned hereby authorize the City to obtain the documents necessary for participation in the Transportation Program, including title information, income verification, etc.

The undersigned affirm and acknowledge that any misrepresentation of material facts or the failure to produce any requested information may result in a declaration of non-eligibility or a termination of continued participation in the program and a consequent denial of any and all benefits.

The undersigned further represent and warrant that the information that has been given is true and complete to the best of their knowledge.

The undersigned further affirm and acknowledge that they have been notified of and understand their rights and responsibilities as applicants for the Transportation Program.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

RIDER

DATE

RIDER

DATE

ST. PETERS STAFF

DATE

RELEASE

This release is made and entered into this _____ day of _____, 20____, by and between _____, hereinafter referred to as "Rider", and the City of St. Peters (hereinafter referred to as the "City").

In consideration of the Rider's voluntary participation in the City of St. Peters Transportation Program, the Rider hereby releases and agrees to indemnify and hold harmless the City, its agents, employees, and officers from all claims, damages or causes of action (including reasonable attorneys fees) caused by or arising in any manner from the Rider's participation in the City of St. Peters Transportation Program and any agreements between the Rider and the transportation provider.

I, the Rider, have read this release and understand all its items. I execute it voluntarily and with full knowledge of its significance the day and year first written above.

RIDER

DATE

RIDER

DATE



Discrimination is prohibited on the basis of race, color, religion, sex, handicap, familial status or national origin.

**CITY OF ST. PETERS
TRANSPORTATION PROGRAM**

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Name: _____

Date of Birth: _____

1. I authorize the use or disclosure of the above named individual's health information as described below.
2. The following individual or organization is authorized to make the disclosure:

City of St. Peters

Address: P.O. Box 9, St. Peters, MO 63376

3. The type and amount of information to be used or disclosed is participant information provided with my application for the City of St. Peters Transportation Program relating to my transportation needs.
4. This information may be disclosed to and used by the following individual or organization:

Carco LLC dba Express Medical Transporters

Address: 2026 Trade Center Drive, East, St. Peters, MO 63376 for the purpose of: Transportation Services.

5. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to Brandi McDowell . I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: No longer a participant under the Transportation Program . If no expiration date, event, or condition is specified, this authorization will expire in six months.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I understand that I may inspect or copy the information to be used or disclosed. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact Brandi McDowell .

Signature of transportation participant or legal representative:

Date _____

If signed by legal representative, authority to act for transportation participant:

Signature of witness:

**CITY OF ST. PETERS
TRANSPORTATION PROGRAM
ELIGIBILITY CERTIFICATION**

Please be sure to include proof of income for everything listed below along with 2015 Federal Taxes for everyone living in the home.

I did not file Federal Income Taxes and I understand I must show proof of all income listed below*

*only check this if you were not required to file Federal Taxes and then sign below

Office
Use
Only

<u>SOURCE OF INCOME</u>	<u>2015 GROSS INCOME</u>	<u>PERSON(S) RECEIVING INCOME</u>
Wages or Salary from Employment. Enter Name of Employer(s):	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Earnings from Self-Employment	\$ _____	_____
Social Security	\$ _____	_____
Veteran's Benefits	\$ _____	_____
Pensions/Annuities	\$ _____	_____
Dividends or Interest	\$ _____	_____
Unemployment Compensation	\$ _____	_____
Railroad Retirement	\$ _____	_____
Worker's Compensation	\$ _____	_____
Child Support	\$ _____	_____
Maintenance/Alimony	\$ _____	_____
Income from Rental Property	\$ _____	_____
Supplemental Security Income (SSI)	\$ _____	_____
TANF	\$ _____	_____
Other Types of Income. List:	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
TOTAL GROSS INCOME FOR 2015	\$ _____	_____
TOTAL HOUSEHOLD MEMBERS	_____	_____

**I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

Signature

Applicant Information to Keep For Reference

CITY OF ST. PETERS TRANSPORTATION PROGRAM 2015-2016

St. Charles County has accepted a grant from the United States Department of Housing and Urban Development (HUD), to conduct the Community Development Block Grant Program under Title I of the Housing and Community Development Act of 1974 as amended as an Urban County. As a participant of the Urban County, St. Peters will administer a Transportation program. The goal of this program is to provide transportation for necessary medical, shopping and essential services. The Transportation Program is available to residents of the city who meet the criteria and require transportation services.

PROGRAM DESCRIPTION AND GUIDELINES

A. Eligibility – General

In order to be eligible for the Transportation Program, the following criteria must be met:

- Individual must reside within the corporate city limits of St. Peters.
- Individual must lack access to a vehicle or be unable to drive.
- Individual is elderly, disabled or meets the 2016 low income qualifications.

If qualifying based on income, please submit Federal 2015 Taxes. Proof of income for everyone living in the home must be submitted and not exceed the below guidelines.

1 person HH \$39,400
2 person HH \$45,000
3 person HH \$50,650
4 person HH \$56,250
5 person HH \$60,750
6 person HH \$65,250

B. Eligible Services

Transportation service is limited to a defined service territory and will be provided for the following purposes:

- Medical/health care- hospital, doctor offices, or other medical facilities, pharmacy, Rec-Plex
- Essential Shopping – grocery store, Walgreens, Target/Walmart, Mid Rivers Mall (**all essential shopping must be at retailers located within the city limits of St. Peters.**)
- Other essential services –such as banks, credit unions, dry cleaners, churches, post office, library, spousal visits to medical or care facilities – in St. Peters city limits when possible.
- Please note that trips outside of the county for purposes other than medical are not eligible under this program.

C. Service Territory

- Transportation service will be provided within St. Charles County and outside the county for medical purposes only.
- Trip costs under the new contract are based on location. When a participant stays within the city limits, it costs less than going outside the city limits and outside St. Charles County. Staying local will ultimately cost the city less for the service and may allow the city to provide more trips during the contract year. The city also requires that you shop locally to support St. Peters businesses and to keep tax dollars within the city.

D. Service Availability

Transportation services will be provided by Express Medical Transporters (EMT). Several modes of transportation are provided depending on need and ability. Transportation services are available to serve the needs of the disabled. Transportation must be scheduled with 24-hours minimum notice.

- Ambulatory service is provided for healthy adults with the ability to walk to and from the vehicle and to sit during transportation. Assistance may be provided to and from the vehicle. Ambulatory transportation is provided Monday through Saturday from 6 a.m. to 6 p.m.
- Paralift service is available for wheelchair participants. Assistance is provided to and from the vehicle. Paralift service is available Monday through Saturday from 6 a.m. to 6 p.m. Paralift services do cost more than an ambulatory trip so please only request this service when necessary.

E. Ineligible Services

- Transportation outside of the defined service territory unless pre-authorized for a specific medical purpose.
- Transportation to entertainment facilities such as casinos, restaurants, and bars.
- Transportation for someone other than the authorized rider. An individual may be accompanied by one companion; however the transportation service must be for the benefit of the individual authorized for service.

F. Process

- All applications must be complete upon submittal in order to be eligible. Please sign all signature blocks throughout application.
- Each eligible member of a household may apply for the program.
- Please allow up to two weeks for a response from City on acceptance into the program.
- Our current agreement with EMT is in effect August 1, 2015 - July 31, 2016.
- New participants to the program will receive an allocation of 6 one-way trips for their transportation needs. Once these trips have been used, participants may contact the city and additional trips may be allocated into their account based on availability and need.