



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:

- Reside within the corporate city limits of St. Peters.
- Lack access to a vehicle or be unable to drive.
- Be elderly, or severely disabled, or the **total household income** from all occupants must be 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 all of the following that apply to your situation and provide back-up information as indicated:

 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.)**

 My household income meets the Qualifying Household Income limits below based on my 2019 Federal Taxes **(Proof of income is required. See additional submission requirements below.)**

QUALIFYING HOUSEHOLD (HH) INCOME:

1 Person HH \$46,450, 2 Persons HH \$53,050, 3 Persons HH \$59,700, 4 Persons HH \$66,300,
5 Persons HH \$71,650, 6 Persons HH \$76,950, 7 Persons HH \$82,250, 8 Persons HH \$87,500

In addition to submitting the above required back-up for your eligibility **(items are bolded)**, **all applicants must complete and submit the following documents:**

1. The enclosed Participant Information form
2. The enclosed Declaration form
3. The enclosed Release form
4. The enclosed Authorization to Disclose Health Information
5. The enclosed Race and Ethnic Data Reporting Form
6. 2019 Federal Income Tax return filed with the IRS (with all back-up information, i.e., W-2, 1099's, etc.)

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

**City of St. Peters
Attn: Lisa Medina
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. 1362.

City of St. Peters • P.O. Box 9 • One St. Peters Centre Blvd. • St. Peters, Missouri 63376 • 636.477.6600 • stpetersmo.net

Will anyone accompany you? Yes No

If yes, how many persons? _____ Are they over the age of 18? Yes No

Do you currently drive or have access to a vehicle? Yes No

Do you have any unusual transportation needs? Yes No

If yes, briefly explain: _____

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

Yes No

If yes, please explain: _____

Are you currently enrolled in the St. Peters Transportation Program? Yes No

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

Yes No

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 _____

Are you a Veteran? Yes No

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 _____

Your Individual Income (Including all Social Security): Under \$17,400 _____
\$17,400 - \$29,050 _____
\$29,050 - \$46,450 _____
Over \$46,450 _____

Household (HH) Income Guidelines:
1 Person HH \$46,450, 2 Persons HH \$53,050, 3 Persons HH \$59,700, 4 Persons HH \$66,300,
5 Persons HH \$71,650, 6 Persons HH \$76,950, 7 Persons HH \$82,250, 8 Persons HH \$87,500

Ethnicity: (select *only one*)
Hispanic or Latino _____

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

Are you disabled based on the HUD Section 504 regulation found on the front page of this application?
 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? _____

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. I also certify that my household income is at or below the above Household Income Guidelines.

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

Signature

Date

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

Please be sure to include proof of income for everything listed below along with 2019 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>2019 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 2019	\$ _____	
TOTAL HOUSEHOLD MEMBERS		_____

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Signature

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

GUARDIAN

DATE



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

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.

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RIDER

DATE

GUARDIAN

DATE

ST. PETERS STAFF

DATE

**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:
OATS Transportation 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 Lisa Medina. 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 Lisa Medina.

Signature of transportation participant or legal representative:

_____ Date _____

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

Signature of witness:
