



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 2018 Federal Taxes **(Proof of income is required. See additional submission requirements below.)**

QUALIFYING HOUSEHOLD (HH) INCOME:

1 Person HH \$43,050, 2 Persons HH \$49,200 3 Persons HH \$55,350, 4 Persons HH \$61,450,
5 Persons HH \$66,400, 6 Persons HH \$71,300, 7 Persons HH \$76,200, 8 Persons HH \$81,150

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. 2018 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
2018-2019 TRANSPORTATION SERVICES PROGRAM**

PARTICIPANT INFORMATION

Applicant Name _____

Address _____ Zip Code _____

Phone: Home _____ Business/Cell _____

Number of people currently living in your household _____

Is anyone else living in your home also applying for the program? Yes No

If yes, please list name _____

Please briefly describe the services that you require:

Please complete the following:

I am ambulatory and require no assistance Yes No

I need assistance in and out of the vehicle Yes No

I need assistance from my door, into and out of the vehicle, and up to the door at my destination.
 Yes No

I use a cane Yes No

I use a walker Yes No

I use a wheelchair Yes No If you do, do you weigh over 200 lbs.? Yes No

Do you have a wheelchair ramp? Yes No

Do you have outside steps from your front door Yes No If yes, 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.)
- _____ Dialysis or Chemotherapy
- _____ Other (briefly describe) _____

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 \$16,150 _____
\$16,151 - \$26,900 _____
\$26,901 - \$43,050 _____
Over \$43,050 _____

Household (HH) Income Guidelines:

1 Person HH \$43,050, 2 Persons HH \$49,200 3 Persons HH \$55,350, 4 Persons HH \$61,450,
5 Persons HH \$66,400, 6 Persons HH \$71,300, 7 Persons HH \$76,200, 8 Persons HH \$81,150.

Ethnicity: (select *only one*)

Hispanic or Latino _____
Not 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

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

GUARDIAN

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

GUARDIAN

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:
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:

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household	Name of Household Member	

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>
Racial Categories*	Select All that Apply
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.