

Low-Income Program Application

Independent Transportation Network *Monterey County* has a Partial Sponsorship program to help low-income seniors, 60 years of age and above and visually-impaired adults, get rides to and from important appointments and activities.

The program provides partially sponsored rides Monday through Friday, 8 a.m. to 6 p.m. at a discounted rate. The sponsorship is available to low-income resident.

- Members are provided a partial sponsorship of \$7.50 for each ride (one-way)
- Members are responsible for paying any additional cost over 2 miles.
- Members must keep a minimum balance of \$25 in their Personal Transportation Account and will be billed monthly to maintain that level.
- **Rides should be scheduled by 2:00 pm, two business days in advance.**
- Any extra stops need to be scheduled in advance.
- You may have a caregiver with you, if necessary.
- We may ask you to share a ride from time to time, depending on timing and volunteer driver availability.
- **All rides outside of the program hours will be charged the regular same day rate - \$8 pickup fee and \$2.75 per mile (\$10.00 minimum ride fee), which will not be paid by sponsor.**
- Members will be charged a \$10 hourly rate (50% off our regular rate) when a driver must accompany the member through the duration of the trip (example: multiple stops)
- Applicants must provide proof of low income status.

To qualify, you must currently receive benefits from an established low-income program administered by a local, state or national agency or organization.

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Please list the programs you currently receive benefits from:

- Medi-Cal - ID# _____
- Cal-Fresh (food stamps) ID # _____
- Elder-Care ID# _____
- Housing Assistance ID# _____
- Other:

Your signature below indicates that you agree to the Partial Sponsorship Program guidelines described above. Your signature also confirms that you are currently receiving benefits through a federal, state or local program for low-income individuals.

Print name: _____ Phone: _____

Address _____ CA _____
Number and Street City Zip Code

Signature: _____ Date: _____

Thank you for applying for the ITN*MontereyCounty* Low Income Transportation Assistance program. We will notify you when your application has been processed and you are eligible to begin scheduling rides.