

CITY OF OLATHE
HOUSING AND TRANSPORTATION SERVICES DIVISION
P.O. Box 768, 200 W. Santa Fe, Olathe, Kansas 66051-0768
913-971-6260

2019 TAXI TRANSPORTATION APPLICATION
PROOF OF INCOME, EMPLOYMENT & HEALTHCARE PROVIDER CERTIFICATION IS REQUIRED
Must reside within the city limits of Olathe

APPLICANT INFORMATION:

Name _____ Last 4 digits of Social Security # _____
Street Address _____ Apartment # _____ Zip Code _____
Home Phone # _____ Date of Birth _____ Age _____
Emergency Contact: Name _____ Phone # _____

I am sixty-five (65) years of age or over.

*** You must attach the Healthcare Provider Certification Form**

I am under sixty-five (65) years of age AND disabled.

*** You must attach the Healthcare Provider Certification Form**

Do you require Wheelchair Lift Van? Yes No

EMPLOYMENT INFORMATION:

I am employed: I am not employed:

Employer Name & Address: _____

Certification: Under penalty of law I do hereby acknowledge that the information I have provided above is true and accurate and that this information is subject to verification by the agency and other entities providing funding for this project. I also acknowledge that the submission of false or inaccurate information could lead to my prosecution by Federal, State, and/or Local officials and the repayment of the assistance I receive through this application. In addition, false or inaccurate information will result in the termination of my participation in the Taxi Coupon Transportation Program. I further understand that the taxi companies carry liability insurance as required by City Ordinance and that the City assumes no liability or responsibility for injuries arising from this service.

Applicant Signature _____ or _____ Date _____
Parent or Legal Guardian Signature (if unable to sign for self)

***NO application will be considered until all required documents (3 application pages AND income documentation) are submitted**