



CITY OF OLATHE
HOUSING AND TRANSPORTATION SERVICES DIVISION
P.O. Box 768, 200 W. Santa Fe, Olathe, Kansas 66051-0768 913-971-6260
2018 TAXI COUPON TRANSPORTATION GENERAL & ADA APPLICATION
PROOF OF INCOME, DISABILITY, EMPLOYMENT & ADA SELF CERTIFICATION IS REQUIRED
Must reside within the city limits of Olathe

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

Applying for what type of rides: WORK _____ PERSONAL _____ MEDICAL _____

I am working at: _____

I am taking work prep classes at: _____

Applicant Information:

- I am sixty-two (62) years of age or over AND disabled.
- I am under sixty-two (62) years of age AND disabled or require ADA/SPECIAL accommodations.

**You must attach with this application verification of disability
 (ex: Social Security benefit letter) or a letter explaining why special or ADA accommodations need to be considered.**

Do you require Wheelchair Lift Van? Yes No

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.

_____ or _____ Date _____
 Applicant Signature Signature of Parent or Legal Guardian

***NO application will be considered until all required documents are submitted**

FOR AGENCY/OFFICE USE ONLY

Total Weekly Income \$ _____ x 52 (weeks) = \$ _____ Total Annual Income _____
 Income Limit is \$ _____; Income is at/below 150% of the Federal Poverty Line
 ID# _____ Date Issued _____ Staff Signature _____
 Qualified for: WORK rides _____ PERSONAL rides _____ MEDICAL rides _____

