

## **Road Scholarship Program Application**

Independent Transportation Network *Monterey County* has a program to help low-income seniors, 60 years of age and above, and visually-impaired adults 18 and over, get rides to and from appointments and activities.

The program provides up to 8 discounted (eight) one-way rides per month (four round-trips), Monday through Friday, 9 a.m. to 6 p.m. It is available to low-income residents of the Monterey Peninsula and Salinas areas we serve.

- Members receive a discount for each ride (one-way) – the amount of the discount varies depending on the distance traveled.
- Members are responsible for paying a fare of \$1.75 per mile for any distance that exceeds the sponsored amount. Members agree to keep a minimum balance of \$25 in their Personal Transportation Account and will be billed monthly to maintain that level.
- Rides should be scheduled 48 hours 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 driver availability.
- All rides that are scheduled outside of the program hours (8am-6pm) will be charged the regular rate - \$4 pickup fee and \$1.75 per mile (minimum \$7.50 per ride). Rides before 7 am and after 9 pm will be charged an \$8 pickup fee and \$2.75 per mile.

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

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 one or more of the programs for low-income individuals that you have identified above.

Print name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ CA \_\_\_\_\_  
Number and Street City Zip Code

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for applying for the *ITNMontereyCounty Road Scholarship* program. We will notify you when your application has been processed and you are eligible to begin scheduling rides.