

Wells County Council on Aging
General Application for Transportation

Date: _____

Name: _____

Address: _____

Telephone Number: _____

Birth Date: _____

What is your origin of nationality? _____

If over 60 years old...how many people live in your household? _____

If 1: Does your household bring home less than \$1,255 per month? _____

If 2: Does your household bring home less than \$1,703 per month? _____

If 3: Does your household bring home less than \$2,152 per month? _____

If 4: Does your household bring home less than \$2,600 per month? _____

If more than 4 contact the office for current poverty guidelines.

Disability Information: _____ Lift
 _____ Wheelchair
 _____ Oversized WC
 _____ Blind
 _____ Hearing Impaired
 _____ Intellectual Disability
 _____ Car Seat

Emergency Contact Person: _____

Emergency Contact Phone: _____

Are you on Medicaid? _____

If yes, what is your Medicaid number? _____