



## Maui Bus Fixed Route Application Monthly Discount Pass for Persons with Disabilities

<b>Name (Last, First, MI)</b>		<b>Birth date</b>		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Street Address</b>		<b>City</b>		<b>State</b>	
<b>Zip Code</b>		<b>Mailing Address (If different)</b>		<b>Day Phone</b>	
<b>Evening Phone</b>		<b>TDD/TTY</b>			
<b>Health Insurance</b> <input type="checkbox"/> Ohana Health <input type="checkbox"/> Ever Care <input type="checkbox"/> No Insurance <input type="checkbox"/> Other:		<b>Ethnic Background</b> <input type="checkbox"/> White <input type="checkbox"/> Multi-race (any 2 or more) <input type="checkbox"/> African American <input type="checkbox"/> Hispanic (Puerto Rican, Mexican, etc.) <input type="checkbox"/> Not Hispanic or Latin <input type="checkbox"/> Other:			
<b>Family Type</b> <input type="checkbox"/> Single parent/female <input type="checkbox"/> Single parent/male <input type="checkbox"/> Two-parent household		<input type="checkbox"/> Single person <input type="checkbox"/> Two-adults/no children <input type="checkbox"/> Other		<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	
		<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<b>Housing</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____	
<b>Education Level</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/non-graduates <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ some post secondary <input type="checkbox"/> 2 to 4 yr college graduate					
<b>Family/Household Size</b> <input type="checkbox"/> One member <input type="checkbox"/> Two members <input type="checkbox"/> Three members <input type="checkbox"/> Seven members			<input type="checkbox"/> Four members <input type="checkbox"/> Five members <input type="checkbox"/> Six members <input type="checkbox"/> Eight or more members		
<b>Annual Household Income</b> <input type="checkbox"/> \$10,200 or less <input type="checkbox"/> \$10,201 - \$13,740 <input type="checkbox"/> \$13,741 - \$17,280 <input type="checkbox"/> \$17,281 - \$20,820 <input type="checkbox"/> \$20,821 - \$24,360 <input type="checkbox"/> \$24,361 or more					
<b>Mobility (check appropriate item/s)</b> <input type="checkbox"/> No limitation <input type="checkbox"/> Scooter <input type="checkbox"/> Child Restraint Seat <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Gurney <input type="checkbox"/> Power Chair <input type="checkbox"/> Walk Aid Type: _____ <input type="checkbox"/> Other: _____					
<b>Source of Family Income</b> <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> Pension <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Employment + other sources <input type="checkbox"/> SSI <input type="checkbox"/> General Assistance <input type="checkbox"/> Employment only <input type="checkbox"/> Other: _____					
<b>Client's Signature</b>				<b>Date</b>	
<ul style="list-style-type: none"> <li><b>Please attach a copy of a valid MEDICARE card issued by the Social Security Administration pursuant to title II or title XVIII of the social security act, 42 U.S.C., 401, et seq. and 42 U.S.C. 1395, et seq.; OR</b></li> <li><b>Attach a copy of a valid Maui Bus - ADA Paratransit Eligible Card; OR</b></li> <li><b>Have the following certification completed by a licensed medical physician.</b></li> </ul>					
Please specify nature of applicant's disability.				Length of time applicant will be disabled.	
<b>Agency/Name</b>		<b>Mailing Address</b>		<b>Telephone No</b>	
<b>Medical Physician's Signature</b>				<b>Date</b>	
<b>For Office Use Only</b>					
Application: <input type="checkbox"/> Approved Permanent _____ (yrs) <input type="checkbox"/> Approved Temporary _____ <input type="checkbox"/> Disapproved					
Eligibility Certification by: _____					
Date application received & processed _____ Notification Date/Time: _____					