



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

<b>Name</b>		<b>Birth Date</b>	<b>Sex</b> <input type="radio"/> Male <input type="radio"/> Female
<b>Street</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>Health Insurance</b> <input type="radio"/> Ohana Health <input type="radio"/> Ever Care <input type="radio"/> No Insurance <input type="radio"/> Other: _____		<b>Ethnic Background</b> <input type="radio"/> White <input type="radio"/> Hispanic (Puerto Rican, Mexican, etc.) <input type="radio"/> Multi-race (any 2 or more) <input type="radio"/> Not Hispanic or Latin <input type="radio"/> African American <input type="radio"/> Other: _____	
<b>Family Type</b> <input type="radio"/> Single parent/female <input type="radio"/> Single person <input type="radio"/> Single parent/Male <input type="radio"/> Two-adults/no children <input type="radio"/> Two-parent household <input type="radio"/> Other: _____		<b>Marital Status</b> <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Separated	<b>Housing</b> <input type="radio"/> Own <input type="radio"/> Homeless <input type="radio"/> Rent <input type="radio"/> Other: _____
<b>Education Level</b> <input type="radio"/> 0 - 8 <input type="radio"/> High School Grad/GED <input type="radio"/> 2 - 4 year college graduate <input type="radio"/> 9 - 12/non graduates <input type="radio"/> 12+ some post secondary			
<b>Family/Household Size</b> <input type="radio"/> One member <input type="radio"/> Five members <input type="radio"/> Two members <input type="radio"/> Six members <input type="radio"/> Three members <input type="radio"/> Seven members <input type="radio"/> Four members <input type="radio"/> Eight or more members		<b>Annual Income</b> <input type="radio"/> \$10,200 or less <input type="radio"/> \$17,281 - \$20,820 <input type="radio"/> \$10,201 - \$13,740 <input type="radio"/> \$20,281 - \$24,360 <input type="radio"/> \$13,741 - \$17,280 <input type="radio"/> \$24,361 or more	
<b>Mobility (check appropriate item/s)</b> <input type="radio"/> No limitation <input type="radio"/> Ambulatory <input type="radio"/> Power Chair <input type="radio"/> Scooter <input type="radio"/> Wheelchair <input type="radio"/> Walk Aid Type: _____ <input type="radio"/> Child Restraint Seat <input type="radio"/> Gurney <input type="radio"/> Other: _____			
<b>Source of Family Income</b> <input type="radio"/> No Income <input type="radio"/> Social Security <input type="radio"/> Unemployment Insurance <input type="radio"/> SSI <input type="radio"/> Employment ONLY <input type="radio"/> TANF <input type="radio"/> Pension <input type="radio"/> Employment + other source <input type="radio"/> General Assistance <input type="radio"/> Other: _____			
<b>Client signature</b>			
<p align="center"> <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>  <b>@ Attach a copy of a valid Maui Bus - ADA Paratransit Eligible Card; OR</b>  <b>@ Have the following certification completed by a licensed medical physician.</b> </p>			
<b>Please specify nature of applicant's disability</b>			<b>Length of time applicant will be disabled.</b>
<b>Agency Name</b>		<b>Mailing Address</b>	<b>Telephone No</b>
<b>Medical Physician's Signature</b>			<b>Date</b>
For Office Use ONLY Application: <input type="radio"/> Approved Permanent _____ <input type="radio"/> Approved Temporary _____ <input type="radio"/> Disapproved Eligibility Certification by: _____			
<b>Date application received &amp; processed</b> _____		<b>Notification Date/Time</b> _____	