

Dial-A-Ride Taxi Voucher Application

Date of Application _____ Date of Birth _____
Name _____ Sex M ___ F ___
Address _____ Apt # _____
City _____ VA Zip Code _____ Phone # (____) _____
Emergency Contact Person _____ Phone # (____) _____

Family Size: _____ (including applicant)
Is Your Rent Based on Your Income? Yes ___ No ___

Are You Currently a Client of:
Department of Family Services Yes ___ No ___
Health Department? Yes ___ No ___
Housing and Community Development? Yes ___ No ___
If yes, social worker's name: _____

OFFICE USE ONLY

Applicant I.D. No: _____
Date Entered: _____
Eligible: Yes ___ No ___
Client Notified _____
Customer Service Initial _____

Agency: _____ Phone # (____) _____

Are You a Medicaid Recipient? If Yes, Medicaid #

Income

PLEASE INDICATE THE SOURCE AND AMOUNT OF YOUR MONTHLY INCOME:

| SOURCE OF INCOME | MONTHLY AMOUNT | SOURCE OF INCOME | MONTHLY AMOUNT |
|------------------------------------|----------------|---|----------------|
| ADC (Aid to Dependent Children) | _____ | General Relief (GR) | _____ |
| Refugee Assistance | _____ | SSI Supplemental Security Income | _____ |
| SSA Social Security Award | _____ | SSDI Social Security Disability Insurance | _____ |
| Retirement/ Pension Income | _____ | Workers Compensation | _____ |
| Unemployment Compensation | _____ | Child Support | _____ |
| Alimony | _____ | Monthly Interest from Investments | _____ |
| Employment | _____ | Other | _____ |
| If employed name of employer _____ | | | |

I certify to the best of my knowledge that all the above information is true. In addition, I understand that my signature on this application gives permission to the Neighborhood and Community Services, Human Services Transportation Division to make contact with agencies for the purpose of determining eligibility for Dial-A-Ride.

Applicant Signature _____
Date

WHAT ARE ACCEPTED FORMS OF INCOME VERIFICATION?

It is not necessary for applicants to submit income verification if that applicant is receiving services from one of the following agencies listed below (these service agencies can verify your income).

- You are a client of the Department of Family Services, the Health Department, or the Department Housing and Community Development, or
- You are living in federally subsidized housing and your rent is based on your income.

Applicants who are not able to have their income verified by one of the above must submit documentation.

Accepted forms of documentation are (copies are acceptable):

- Letter of award from the Social Security Administration; or
- Unemployment or Workman's Compensation Statement; or
- Agreement showing amount of child support or alimony; or
- Statement of monthly/pension benefits; or
- Employer statement (company letterhead) stating your salary, or pay stubs for previous month; or
- Bank statement showing automatic deposit of Social Security check, SSI check, and/or retirement benefits.

The parents' income is not considered, when determining eligibility for an adult child (18 and over) still residing at home. Also, eligibility for elderly residents residing with a child is determined solely on the applicant's income.

Example A: In a family of three (two adults and an 18 year old), the income of the two adults is not considered in determining the eligibility of the 18 year old.

Example B: An elderly couple residing with their adult children will not have their children's income considered for eligibility.

*Please Mail Complete Application and
Income Verification to:
Fairfax County
Department of NCS
PO Box 1388
Fairfax, VA 22038-1388
Or you can fax at: 703-653-9457
Questions Call: 703-222-9764, TTY 711*