Coshocton County Coordinated Transportation Agency
401 Main Street, Coshocton, OH 43812
740.622.7139 • Fax: 740.623.2591
transportation@coshoctoncounty.net

CCCTA REDUCED FARE APPLICATION

Age 65+: MUST submit proof of age with application;
Disabled: MUST submit award letter from SSI or Physicians letter stating you are disabled.

1. First Name_____ MI_____ Last Name_____

2. Date of Birth ____ / ____ / _____ 3. Age in years: _____ 4. Gender: ◯ Male ◯ Female

5. Mobility (Please choose one):
   - ◯ Ambulatory (Can walk and use Steps to enter Vehicle)
   - ◯ Lift Required (Ambulatory but need lift to enter shuttle)
   - ◯ *Wheelchair - Is your Chair: ◯ Power ◯ Manual

   5a. *What is the approximate combined weight of you and your wheelchair? _____ lbs.

6. Language Spoken: ◯ English / ◯ Other:_____

7. Race/Ethnicity: ◯ Caucasian(White) ◯ Native American ◯ Asian ◯ Hispanic ◯ African American

8. Do you live alone? ◯ Yes ◯ No

9. Are you in Poverty? ◯ Yes ◯ No 10. What is your monthly income? $_____

11. Phone# (_____) _____-_____ 11a. Alt. Phone# (_____)_____-_____

12. Social Security # _____ - _____ - _____ 13. Medicaid # (if applicable) _____

14. Are you considered Disabled by a Medical Professional? ◯ Yes ◯ No
    (If you answered Yes to #14 please attach proof of disability).

15. Are you Elderly (age 65+)? ◯ Yes ◯ No **(If Yes, please attach proof of age).**

16. Special Assistances (Please check all that apply):
    ☐ Blind ☐ Cane ☐ Hearing Impaired ☐ Oxygen ☐ Walker Other: _____

17. Home Address: _____

City: _____ State: _____ Zip:_____ County_____

18. Emergency Contact Name: _____ Phone# (_____)_____-_____

    Relationship to you: _____

By signing this form, I am acknowledging that all information is true and correct to the best of my knowledge. I understand that any information provided may be shared with any other department/funder in support of CCCTA provided services to ensure CCCTA is compliant with State and Federal Agencies monitoring requirements. If needed, I authorize CCCTA to verify any information provided. **I HAVE ATTACHED A COPY OF PROOF OF MY AGE/DISABILITY.**

Client Signature_____ Date _____

For Office Use Only

Date Received ____/____/____ Staff Signature_____ Approved Yes - Card #_____ No ___