



Work/School/Low Income Transportation Application

Complete this entire form and return with a copy of a photo ID and income verification to SEAT:
224 Main Street, Zanesville, Ohio 43701.

Last Name:	
First Name:	
Middle Name:	
Date of Birth:	
Address:	
City:	
Phone Number:	
Email Address:	

Do you currently receive assistance from Job and Family Services? If Yes, what assistance do you receive? _____

Do you currently use a mobility device such as wheel chair, walker or cane? If yes, what kind? _____

Do you currently attend school or continuing education? If yes, what program or school do you attend? _____

Please fill out shift/school schedule if reoccurring.

Day of Week	Shift Start Time	Shift End Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Saturday and Sundays are subject to if we have a contract vendor available. All work/school weekend transportation must be schedule 48-72 hours in advance.

I certify that all information provided is true and current.

Signature: _____ Date: _____

For Office Use Only

_____ *WTPP*
 _____ *Low Income*
 _____ *Other*