



## Work/School/Low-Income Transportation Application

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

<b>Last Name:</b>	
<b>First Name:</b>	
<b>Middle Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	

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 a wheelchair, walker, or cane? If yes, what kind? \_\_\_\_\_  
\_\_\_\_\_

Do you currently attend a school or continuing education? If yes, what program or school do you attend? \_\_\_\_\_  
\_\_\_\_\_

Please fill out the shift/school schedule if reoccurring.

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

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

*I certify that all information provided is true and current.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

\_\_\_\_\_ *WTTP*      \_\_\_\_\_ *Low Income*      \_\_\_\_\_ *Other*