



CARTS Reduced Fare/AA Application

Mailing Address: 7880 Lincole Place
Lisbon, OH 44432

Physical Location: 202 1/2 Jackson St.
Lisbon, OH 44432

Phone: 330.424.4015 Fax: 330.424.7976
www.caaofcc.org/carts

To receive Reduced Fare- You MUST be 65+ years old or disabled.

- ❖ 65+: MUST submit proof of age with application.
- ❖ Disabled: MUST submit award letter from SSI or letter from a physician stating you are disabled (MUST STATE THAT YOU ARE DISABLED).

To receive Area Aging- You MUST be 60+years old and low income.

- ❖ Must submit proof of age and income with application.

First Name _____ **MI** _____ **Last Name** _____
(Provide full legal name. Please print legibly) (Circle One: **Male/Female**)

Address: _____ **Last 4 # of Social Security #** _____

Date of Birth _____ / _____ / _____

City: _____ **Zip:** _____ **Income \$** _____ **Size of Family** _____
(Insert #)

Phone Number () _____ - _____

Emergency Contact Name: _____ **Emergency # ()** _____ - _____

Disabled: _____ **Check if used:** _____ **Wheel Chair** _____ **Walker/Cane** _____ **Scooter** _____ **Lift needed**
(Y/N)

Check one: **Caucasian (White):** _____ **Native American:** _____ **Asian:** _____ **Hispanic:** _____ **African American:** _____

Client Lives Alone: _____ (Y/N) **Understands English:** _____ (Y/N) **Frail:** _____ (Y/N)

Check if assistance from the door is needed: _____

ALL QUESTIONS MUST BE ANSWERED

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 within the Community Action Agency of Columbiana County, Inc. to permit the CAA of CC, Inc. to comply with State and Federal agencies monitoring requirements. If needed, I authorize the CAA of CC, Inc. to verify any information provided.

Signature _____ **Date** _____

For Office Use Only

Date Received ___ / ___ / ___ **Staff Signature** _____ **Approved Yes/No** _____ **Card #** _____