



## JARC PROGRAM APPLICATION

Please fax to: (903) 592-3266 or mail to: 100 E Ferguson, Suite 804, Tyler, TX 75702

### APPLICANT INFORMATION

Name:		
Date of application:	Date of birth:	Phone:
Residence address:		
City:	State:	ZIP Code:
Mailing address (if different than above)	Person to contact in case of emergency:	Telephone:  Do you have any special transportation needs: i.e. wheelchair, walker, etc.

### EMPLOYMENT AND INCOME STATUS

**Please attach an employment verification letter from your current employer, and your work schedule. If You are unemployed please provide proof of unemployment from TWC located on 4100 Troup Hi-way Tyler, TX 75703.**

My annual household income is between;

_____ \$0 to \$10,000.00	Number of dependants _____
_____ \$10,001.00- to - \$15,000.00	Number of dependants _____
_____ \$15,001.00 - to - \$20,000.00	Number of dependants _____
_____ \$20,001.00 - to - \$25,000.00	Number of dependants _____
_____ \$25,001.00 - to - \$30,000.00	Number of dependants _____
_____ \$30,001.00 - to - \$35,000.00	Number of dependants _____
_____ \$35,001.00 - to - _____	Number of dependants _____

Date to begin Transportation:	How long?
Pick up Client schedule-Days & hours:	Destination(s) including return trip  Are you currently on any of the following programs: Social Security _____ Disability _____ Food Stamp _____ Unemployment _____ Other (s) _____ Please attach supporting documents.

### REFERRING AGENCY

Referred by:		
Address:		Phone:
City:	State: TX	ZIP Code:

### SIGNATURES

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:	Date:
Signature of Person authorizing transportation:	Date: