

MAY 1, 2018

DEAR AAA CLIENT:

A GRANT FROM THE AREA AGENCY ON AGING SUPPLEMENTS THE COST OF TRANSPORTING SENIOR CITIZENS.

IN ORDER TO QUALIFY FOR THIS ASSISTANCE, THE INDIVIDUAL MUST BE 60 YEARS OR OLDER. PLEASE FILL OUT THE ENCLOSED CLIENT INTAKE FORM COMPLETELY, AND MAIL IT BACK TO US, OR HAVE SOMEONE DROP IT OFF PRIOR TO YOUR NEEDING A RIDE. PLEASE HAVE A FAMILY MEMBER OR FRIEND ASSIST YOU WITH COMPLETING THE FORM, IF YOU NEED HELP.

IF YOU QUALIFY AND CHOOSE TO DO SO, THIS GRANT WILL ALLOW YOU TO RIDE THE **BATA BUS** FREE OF CHARGE. UNDER THE GUIDELINES OF THIS GRANT, VOLUNTARY DONATIONS ARE ENCOURAGED, BUT THE AMOUNT YOU WISH TO CONTRIBUTE IS ENTIRELY UP TO YOU. YOU MAY EVEN CHOOSE TO PAY THE REGULAR FARE FOR SOME OR ALL OF YOUR TRIPS. HOWEVER, SERVICE WILL IN NO WAY BE ALTERED OR DENIED IF YOU ARE UNABLE TO CONTRIBUTE.

FUNDS THROUGH THE AREA AGENCY ON AGING GRANT WILL ALLOW FOR A LIMITED NUMBER OF RIDES PER MONTH, USING THE BROWN DONATION ENVELOPE. YOU MAY RIDE EVEN WITHOUT A DONATION. TRIPS TO NUTRITION SITES, (COA, GROCERY STORES, RESTAURANTS, ETC.), MEDICAL APPOINTMENTS, PHARMACIES, AND RELIGIOUS SERVICES, HAVE TOP PRIORITY.

IF YOU MEET THE AGE REQUIREMENT, A MONTHLY SUPPLY OF SMALL BROWN ENVELOPES WILL BE DELIVERED TO YOU. EVEN IF YOU ARE UNABLE TO MAKE A DONATION, SIMPLY DEPOSIT ONE ENVELOPE IN THE FAREBOX EACH TIME YOU GET ON THE BUS, AND **TELL THE DRIVER YOUR NAME**. ANY DONATION YOU PUT IN THESE ENVELOPES WILL BE CREDITED TO THE **AAA GRANT** AND WILL HELP PROVIDE MORE RIDES TO OLDER ADULTS IN BRANCH COUNTY. TO PROTECT THE CONFIDENTIALITY OF YOUR DONATION, IT IS NOT NECESSARY TO PUT ANY MARK OF IDENTIFICATION ON THE ENVELOPES.

BATA PROVIDES TRANSPORTATION WITHOUT DISCRIMINATION ON THE BASIS OF RELIGION, RACE, NATIONAL ORIGIN, AGE, MARITAL STATUS, SEX.

IF YOU NEED TO FILE A COMPLAINT, PLEASE CONTACT BATA AT (517) 279-8671 FOR THE COMPLAINT PROCEDURES.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME HERE AT BATA BETWEEN 9AM AND 5PM.

SINCERELY,

KARA DERRICKSON, DIRECTOR
BRANCH AREA TRANSIT AUTHORITY

KD/lh

BRANCH AREA TRANSIT AUTHORITY
CLIENT INTAKE FORM
AREA AGENCY ON AGING

BIRTH DATE: / /

FIRST NAME: MIDDLE INITIAL:

LAST NAME:

STREET ADDRESS:

APARTMENT #:

CITY:

ZIP:

PHONE NUMBER: -

GENDER: FEMALE MALE

FRAIL/DISABLED: NO YES WHEELCHAIR

DO YOU LIVE ALONE: YES NO

DOES SOMEONE ASSIST YOU IN COOKING MEALS, DOING HOUSEWORK, LAUNDRY, OR GETTING SHOPPING OR ERRANDS DONE OTHER THAN BATA: YES NO

IF YES, WHAT IS THEIR RELATIONSHIP TO YOU: _____

RACE (CHECK ALL THAT APPLY): WHITE BLACK HISPANIC
 ASIAN HAWAIIAN/ PACIFIC ISLANDER AMERICAN INDIAN/ ESKIMO

ANNUAL INCOME: SINGLE = \$12,140 ABOVE BELOW
TWO PERSON = \$16,460 ABOVE BELOW

I UNDERSTAND THAT THE INFORMATION I AM PROVIDING ON THIS FORM WILL BE USED FOR STATE AND FEDERAL REPORTING REQUIREMENTS AND RESEARCH ONLY. NO OTHER USE OF PERSONAL IDENTIFYING INFORMATION ON THIS FORM IS INTENDED UNLESS I AUTHORIZE IT OR A COURT ORDERS IT.

SIGNATURE _____
CLIENT OR PERSON LEGALLY RESPONSIBLE