



Regional Transportation Program
127 Saint John Street
Portland, ME 04102
Phone: (207) 774-2666
www.rtprides.org

Dear Rider:

Thank you for choosing Regional Transportation Program for your mobility needs. Our goal is to provide you with safe, reliable and friendly transportation.

RTP asks all riders to complete a Transportation Application to allow RTP to plan rides that best fit our riders' needs. This information may also be used to determine a rider's qualification for funding by one or more of our partner agencies. Providing documentation to verify income for all income sources is an essential part of the application process to accurately determine your funding qualification.

Riders are required to complete this application and return it prior to receiving transportation.

Please complete the Transportation Application and return them to RTP. If you have any questions or require assistance to complete your application, please contact our office at 774-2666. Upon receipt of your completed forms, RTP will assess and notify you of your eligibility for funding when this process is complete.

Thanks for riding with RTP!

Sincerely,
RTP Intake Team

**Flip this letter over for
IMPORTANT TIPS
to make all your RTP rides
GREAT RIDES!**

Regional Transportation Program 127 Saint John Street Portland, ME 04102

PHONE: (207) 774-2666 FAX (207)828-8899

www.rtprides.org

RTP is a shared-ride mobility service. We serve hundreds of people throughout Cumberland County daily, and provide over 1,200 rides per day in the region and beyond.

Here are some IMPORTANT TIPS to HELP MAKE YOUR RIDE with RTP A GREAT RIDE

- **BOOK TRIPS EARLY.** Reservations can be made up to 2 weeks in advance. All requests (except ADAPT) must be received **AT LEAST 48 hours in advance.**
- **BE READY WHEN THE DRIVER ARRIVES.** RTP Drivers follow a “5-Minute Wait Rule”. Please be considerate of others and understand that being late for your ride impacts all rides after you.
- **PLAN TRIPS WITH A 1-hour PICK-UP WINDOW in mind.** RTP schedules all trips with a 1 hour pick-up window. That means your driver may arrive **up to 30 minutes BEFORE and as much as 30 minutes AFTER your scheduled pick-up time.**
- **COMMUNICATE ANY CHANGES YOU HAVE.** Inform RTP of changes in mobility needs, changes of address, phone number, caregiver information, etc. **Accurate, updated rider information is essential for RTP to provide the safest and most excellent service.**
- **TALK TO US FIRST IF YOU PLAN TO HAVE SOMEONE ELSE RIDE WITH YOU.** We have a limited number of seats and schedule trips carefully. For everyone’s comfort and safety, we don’t allow extra riders without prior clearance from a member of the Mobility Team.
- **TAKE CARE OF ANY PERSONAL ITEMS YOU BRING WITH YOU.** Riders are responsible for any items brought onto a vehicle. If you accidentally leave something behind, you can retrieve it from the RTP office at 127 St. John Street in Portland.
- **BE FLEXIBLE.** We are not able to accommodate every trip request, but our Mobility Team does its best to meet a high demand for rides. If we can’t find a seat for you on a specific date or at a specific time, we might ask if you are able to reschedule an appointment or take your trip a different day. We want to help you get where you need to go, and sometimes we need your help to make that happen.

RTP’s provides GREAT RIDES for EVERYONE.

VISIT US ONLINE WWW.RTPRIDES.ORG or CALL US! 774-2666



Regional Transportation Program
Application for Transportation Services

The State of Maine, DHHS **requires** riders to fill out an application to receive transportation service funding under their contract. This application **must** be filled out correctly and returned to RTP **before** transportation is arranged.

Last Name _____ First Name _____ MI _____
 Social Security # ____ - ____ - ____ Date of Birth ____ / ____ / ____ Gender _____
 Home Address _____ Apt # _____
 City _____, ME ZIP _____ Primary Tel # ____ - ____ - ____ Alt Tel # ____ - ____ - ____
 Mailing Address, if different _____
 Spoken Language _____ Ethnicity (Optional) _____
 Email Address (Optional) _____
 Do you receive MaineCare? _____ if yes, number _____
 Emergency Contact Name _____ Relationship _____
 Emergency Contact Phone Number _____ Alternate Number _____
 Please identify any assistive devices you require such as wheelchair, walker, cane or oxygen (etc).

Income and Source – Please check and fill out all that apply for all household members.

The information requested below is needed to determine your eligibility for service. **Incomplete applications will be returned.** Please see reverse page for income verification requirements.

Copies of income verification must be attached to this application upon return to RTP.

<input type="checkbox"/> TANF	Amt \$ _____ month	<input type="checkbox"/> Dividends / Interest	Amt \$ _____ month
<input type="checkbox"/> SSI	Amt \$ _____ month	<input type="checkbox"/> Unemployment Comp	Amt \$ _____ month
<input type="checkbox"/> Social Security	Amt \$ _____ month	<input type="checkbox"/> Rental Income	Amt \$ _____ month
<input type="checkbox"/> Veterans Pension	Amt \$ _____ month	<input type="checkbox"/> Retirement Pension	Amt \$ _____ month
<input type="checkbox"/> General Assistance	Amt \$ _____ month	<input type="checkbox"/> Child Support	Amt \$ _____ month
<input type="checkbox"/> Employment Wages (gross wages)	Amt \$ _____ month	<input type="checkbox"/> Other (specify)	Amt \$ _____ month

Total Monthly Income _____ **Number of people in household** _____

I certify under penalty of perjury that to the best of my knowledge the above information is correct. If there is any change in my income or living arrangement, I will notify the agency which is providing me service at once. I understand this information will be provided to the central office of the Department of Human Services for use in administration of this program.

SIGNATURE

DATE

**Important Information on
Reverse Side**

Additional Information

Income verification (attached documentation to application)

Wages 4 current and consecutive pay stubs

Unemployment Compensation One month's worth of pays stubs

TANF, SSI, Social Security, Veterans Pension, General Assistance, Dividends/Interest, Rental Income, Retirement Pension, Child Support / Alimony, Other Income Copy of check(s), check stub(s), or bank statement showing direct deposit. One month's worth of verification required.

PLEASE MAIL THIS APPLICATION ALONG WITH THE NECESSARY INCOME VERIFICATION TO:

Regional Transportation Program
127 Saint John Street
Portland, ME 04102

Or you can bring it into our office at 127 Saint John St, Portland **Monday through Friday 8:00am to 4:00pm**

HEARING RIGHTS

If you are not satisfied with a decision made regarding your eligibility for the provision of social services, you have the right to ask for a hearing before the commissioner of the Department of Human Services or his agent.

If you want an informal conference with the Regional Director or the Provider Agency or his agent, you should request it within ten (10) days of the notice of the action by contacting the office where you made application for or received the service.

If you want a formal hearing, you must request it by contacting the same office or the Commissioner of the Department of Human Services, State House Station #11, Augusta, Maine 04333. A request for a formal hearing must be made within thirty (30) days of the effective date of the notice of the action you wish to appeal.

If you request either type of hearing within (10) days of the date of the notice regarding your eligibility for or the provision of social services, the proposed action will not go into effect until your appeal has been heard and a decision rendered.

CIVIL RIGHTS NOTICE

If you feel you have been discriminated against because of your race, color or national origin, you may file a complaint requesting a hearing on this matter with a Regional or the State Office of the Department of Human Services or with the U.S. Department of Health, Education and Welfare, Washington D.C.

REPORTING RESPONSIBILITIES

REMEMBER! It is your responsibility to report to the agency providing the social service to you all changes in your circumstances which could affect your eligibility for the services. Should you receive benefits to which you are not entitled due to failure to report changes promptly and correctly, you will be expected to repay any benefits for which you were not eligible.

FRAUDULENT REPRESENTATION

The willing acceptance and/or use of any State and/or Federal funds under this program for which a person knowingly is not eligible may constitute fraud and subject the user to prosecution under penalties of law.