



Mobility Management
of Brown County
"Creating Independence"

Individual Voucher Purchase Application

Name: _____ Date: ____/____/____
 Female Male Birth Date: ____/____/____

Street Address: _____ Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Email Address: _____

*Ethnic Group: White/Caucasian Asian/Pacific Islander Black/African American
 American Indian/Alaskan Native Hispanic Origin
 Other _____

*Annual Household Income: \$ _____ # of People in household: _____

Mobility Management of Brown County's primary funding source of the voucher program is 85.21 grant. Funds are limited to older adults and individuals who have a disability and who fit any of the following (please mark any and all that apply):

'An individual who, because of illness ____, injury ____, age ____, congenital malfunction ____, or other incapacity or temporary or permanent disability (including an individual who uses a wheelchair or has semi-ambulatory capability) ____, cannot use effectively, without special facilities, planning, or design, public transportation service or a public transportation facility.'

Wheelchair Required? Yes No

Will personal care attendant be riding with you? Yes No

Do you currently use the following services: Paratransit Curative Connections

Certification: I certify this application has been completed to the best of my knowledge with complete and accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that assistance is contingent upon availability of funds and vouchers expire the last day of the calendar year in which it was purchased.

Applicant

Date

Parent/Guardian if under age 18

*Answer is not required; however, highly encouraged. Information is maintained confidential and may be needed in the future when funding is requested to continue this voucher program.

GUIDELINES & AGREEMENT FOR VOUCHER PROGRAM

Please initial by each of the following verifying you have reviewed:

_____ Must be eligible: 60 years old or older and/or have a qualifying disability, a legal citizen and at least a part-time resident of Brown County.

_____ I/We have read and understand the Voucher Program Policies and Procedures manual provided to me at the time of this application.

_____ Vouchers are not redeemable for cash, may not be transferred to another person, and lost vouchers are not replaced or reimbursed. Unused and/or expired vouchers may not be returned. Vouchers expire on the last day of the calendar year in which it was purchased.

_____ Vouchers ordered via email or phone must be paid in full before they will be mailed to you. Cash, credit card and checks are acceptable. NSF checks will incur a fee and inability to purchase future vouchers.

_____ I understand that it is within my sole discretion in using a voucher to determine which participating provider I wish to use, and in so doing, hold harmless Mobility Management of Brown County, The City of Green Bay, The County of Brown, and other subsidiaries associated with the voucher program.

_____ I understand that the voucher program does not endorse one provider over another; that the purpose of the voucher program is to assist me in paying for transportation and the choice of provider is at my sole discretion.

Signature of Authorized Person: _____

Printed name: _____

Date: _____

**Return to:
Green Bay Metro
C/O Mobility Management Program
901 University Ave, Green Bay, WI 54302
(920) 448-3450**