

BEND DIAL-A-RIDE

LOW-INCOME DISABLED ELIGIBILITY APPLICATION

A special low-income rate is available for individuals eligible for Dial-A-Ride services under the City of Bend Fare Policy.

Low income is defined as participation in one of the following programs. **Please attach proof of participation to this application.**

- Oregon Health Plan (OHP) / Medicaid (**Copy of both front and back of proof required**)
- SSI-OSIPM (Supplemental Security Income, **not Social Security Income**)
- Food Stamps (**Copy of both front and back of proof required**)
- Federal Public Housing Assistance (Local organization: Housing Works)
- Low-Income Energy Programs (LIHEAP)

Last Name _____ First Name _____ Middle Initial _____

DOB _____ Address _____ Apt/Space # _____

Mailing Address if different _____

City _____ State _____ Zip Code _____

Cross Street _____ Name of Building or Facility _____

Name of person/party responsible for applicants mail _____

Telephone: Day _____ Evening _____

Optional Cell Phone _____ Fax _____ Email _____

I certify that this information is correct. Signature _____ Date _____

If completed by someone other than applicant: Signature _____ Date _____

**Please complete form and mail or Fax to:
Cascades East Transit
1250 NE Bear Creek Rd
Bend, OR 9775601
Phone 541-385-8680
Fax 541-389-5988**