Village Vans Eligiblity Application

INTER*city***transit**

Village Vans helps passengers overcome transportation barriers for up to one year. After a year, passengers transition to other modes of transportation. Passengers must complete an eligibility process before being approved to use this service. Please complete the enclosed application to begin the application process online.

How to Apply

If you have questions about Village Vans eligibility, call **360-705-5840**. If you need help with the application, we can assist you.

When and how will you find out if you are eligible?

Once the application is received, you will be notified within one business week via telephone or email to discuss the next steps. If you are approved for Village Vans, you must sign the passenger agreement. If children will accompany you on your commute, you must complete a car seat fit check and sign the child passenger liability statement. After completing the paperwork, you will receive a certification letter and Village Vans service guide with information about the service. If it is determined you are able to use the bus for some or all of your trips, you will be notified of the reasons for the decision and information will be provided about how to use these services.

Please fill out the application as completely as possible before submitting to Village Vans.

Mail: Intercity Transit/Village Vans P.O. Box 659 Olympia, WA 98507-0659

Email: Villagevans@intercitytransit.com

Phone: 360-705-5840

In Person: 205 Franklin Street NE Olympia, WA 98501 (Daily, 7 a.m. - 6 p.m.)



Scan the code above to access an online version of this application. Additional information can be found at: Intercitytransit.com/services/village-vans

Intercity Transit Village Vans Office Use							
Date Application Received							
Client Status	New Client	Previous Client					
Eligibility Determination							
Certification/Denial Date							
Expiration Date							
	•						
Applicant Information							

Last Name First Name						MI				
Street Address					Apt/Bldg #					
City			Stat	e WA	4			Zip		
Phone			E	Email						
Pronouns	He/him	She/her	They/them	Pre to s	efer no say	ot Date o	f birth			
Are you ap	oplying to recertify	y or start servi	ce?	Ir	Initial Application			Recertification		
If recertifying, please specify the length of service needed.					3 mc	3 months		iths	9 months	
	ompleting the app or service?	lication for yo	urself or are you	the gu	uardia	an or case n	nanage	r of the pa	assenger	
		I am the pas	ssenger.	la	I am not the passenger.					
Relationship to applicant					Phone					
Emergeno	y Contact (Optio	onal)				_				
Emergency Contact Name					Relationship to applicant					
Phone										
What are your transportation needs? (Check all that app					y) When Village Vans service ends, how do you/the passenger plan to get to work?					
	Pre-employment: Interview, assessment, etc.		Education/Traini	ng		-	pool Ridershare (ex. Uber, Lyft, etc.)		are	
Wor	kFirst		Ongoing Work Support/Employ	vment		Carp	lood	Walk	lf other, please specify.	
•	ally required to att tment program	end	Other			Pers vehi	onal cle	Bus	-	

When do you/the passenger need to make your first trip?										
Date		Arrival Time					Return Time			
					nine					
Primary Pick up (home/place where you will start most trips)										
Street Address							Apt/Bldg #			
City			0	State	WA		Zip			
Primary Destination (if not a regular trip, list your first trip needed)										
Street Address							Apt/Bldg #			
City			9	State	WA		Zip			
Select days of the	week rides are ne	eded?	A	dditi	onal trip	os neede	! ?			
Monday	Wednesday	Friday		,	Yes	No	Maybe			
Tuesday	Thursday	Saturday/ Sunday								
How did you/the passenger learn about Village Vans? To verify your employment status, please										
Brochure	Community Organization	Other			provid	e your er	nployer's contact informatior	۱.		
Website	Friend/Family/ Passenger									
				ı r				 		
To verify WorkFirst status, please provide your/ the passenger's DSHS client number.					Has the passenger received TANF and/or other State/Federal Assistance in the last two years?					
					TAN	IF	No			
					Bot	h	Other State/ Federal assistance: such as SNAP, APPLEHEALTH, SECTION 8			

Please list anything else you want us to know about your situation. Please list any reasons you are unable to ride the bus.

Mobility Aide					Assistant Type?					
Cane	Service Animal	None	Lift		Primary Care Assistant (PCA)					
Slow Mover	Other	Walker	Oxygen Tank		Primary Care Assistant (PCA) with wheelchair					
Child Transportation Needs										
Village Vans provides car seats for children under the age of 12 who are accompanied by their parent or guardian.										
Yes, every day I need to include a daycare stop				Maybe, sometimes I need to include a Nation National Nati						
Childcare Addre	ss (only while	e taking a trip	to work/wor	'k	related desti	nation)				
Street Address						Apt/Bldg #				
City			State	•	WA					
Children's inform	nation									
Child One			Не	eiq	ght	Weight				
Date of Birth:										
Child Two										
Date of Birth:										
Child Three										
Date of Birth:										
Additional child passengers?										
Yes	No	Maybe								