



COMPLETE PAGES 1-6

## Human Service Transportation Applications

Trans ID \_\_\_\_\_

|  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> ARC of Maui<br><input type="checkbox"/> Kalima O'Maui<br><input type="checkbox"/> Rural Shopping Shuttle  | <input type="checkbox"/> Day Care<br><input type="checkbox"/> Day Health<br><input type="checkbox"/> I-Shuttle  | <input type="checkbox"/> Ala Hou*<br><input type="checkbox"/> Easter Seals<br><input type="checkbox"/> Kaunoa Leisure / Wellness   | <input type="checkbox"/> Dialysis*<br><input type="checkbox"/> Youth Trans<br><input type="checkbox"/> Senior Club  | <input type="checkbox"/> Employment to Work for Low Income/Disabled Individuals** |
| <b>Name</b>  |   | <b>Birthdate</b>   | <b>Sex</b><br><input type="checkbox"/> Male <input type="checkbox"/> Other<br><input type="checkbox"/> Female <input type="checkbox"/> Unknown  |   |
| <b>Address</b>   |   | <b>City</b>  | <b>State</b>  | <b>Zip Code</b>   |
| <b>Mailing Address</b>   |   | <b>Phone Day</b>   | <b>Evening</b>  | <b>TDD/TTY</b>  |
| <b>Health Insurance</b><br><input type="checkbox"/> NO Insurance<br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> Medicare<br><input type="checkbox"/> State Children's Health Ins.<br><input type="checkbox"/> State Adult Health Ins.<br><input type="checkbox"/> Military Health Care<br><input type="checkbox"/> Direct-Purchase<br><input type="checkbox"/> Employment Based<br><input type="checkbox"/> Unknown / Not Reported | <b>Race</b><br><input type="checkbox"/> White<br><input type="checkbox"/> Multi-race (2 or more)<br><input type="checkbox"/> African American or Black<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native Hawaiian & Other Pacific Islander<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Unknown / Not Reported<br><input type="checkbox"/> Other | <b>Ethnicity</b><br><input type="checkbox"/> Hispanic, Latino or Spanish origin<br><input type="checkbox"/> NOT Hispanic, Latino or Spanish origin<br><input type="checkbox"/> Unknown / Not Reported  | <b>Age</b><br><input type="checkbox"/> 0-5 <input type="checkbox"/> 55-59<br><input type="checkbox"/> 6-13 <input type="checkbox"/> 60-64<br><input type="checkbox"/> 14-17 <input type="checkbox"/> 65-74<br><input type="checkbox"/> 18-24 <input type="checkbox"/> 75+<br><input type="checkbox"/> 25-44 <input type="checkbox"/> Unknown / Not Reported<br><input type="checkbox"/> 45-54 <input type="checkbox"/> Reported                       |   |
| <b>Disabling Condition</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Unknown   | <b>Disconnected Youth</b><br><input type="checkbox"/> Youth 14-24 not working or in school  | <b>Military Status</b><br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Active Military<br><input type="checkbox"/> Unknown / Not Reported  | <b>Work Status</b><br><input type="checkbox"/> Employed, Full-time <input type="checkbox"/> Migrant Seasonal Farmworker<br><input type="checkbox"/> Employed, Part-time <input type="checkbox"/> Retired<br><input type="checkbox"/> Unemployed (6 mths or less) <input type="checkbox"/> Unknown/Not Reported<br><input type="checkbox"/> Unemployed (Long-term for more than 6 months)<br><input type="checkbox"/> Unemployed, (not in labor force) |   |
| <b>Limited English</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |   |   |
| <b>Level of Income</b><br>See page 3 for gross income declaration  | <b>Marital Status</b><br><input type="checkbox"/> Single <input type="checkbox"/> Divorced<br><input type="checkbox"/> Married <input type="checkbox"/> Widowed<br><input type="checkbox"/> Separated   |  | <b>Housing</b><br><input type="checkbox"/> Own <input type="checkbox"/> Other permanent Housing<br><input type="checkbox"/> Rent <input type="checkbox"/> Other _____<br><input type="checkbox"/> Homeless <input type="checkbox"/> Unknown / Not Reported  |   |
| <b>Education Level</b><br><input type="checkbox"/> 0-8 <input type="checkbox"/> High School Grad / GED <input type="checkbox"/> 2 to 4 year College graduate<br><input type="checkbox"/> 9-12/non-graduate <input type="checkbox"/> 12+ some post secondary <input type="checkbox"/> Unknown / Not Reported  |   |  |   |   |
| <b>Family/Household Size</b><br><input type="checkbox"/> One member <input type="checkbox"/> Five members<br><input type="checkbox"/> Two members <input type="checkbox"/> Six members or more<br><input type="checkbox"/> Three members <input type="checkbox"/> Unknown / Not Reported<br><input type="checkbox"/> Four members  |   | <b>Family/Household Type</b><br><input type="checkbox"/> Single Parent Female <input type="checkbox"/> Non-related With/Children<br><input type="checkbox"/> Single Parent Male <input type="checkbox"/> Multigenerational Household<br><input type="checkbox"/> Single Person <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Two Parent Household <input type="checkbox"/> Unknown / Not Reported<br><input type="checkbox"/> Two Adults NO Children |   |   |

|   |   |  |                  |
|---|---|--|------------------|
| <b>Mobility (Check appropriate item(s))</b> <b>PCA Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (limited to one)   |   | <b>Annual Household Income</b><br>See page 3   |                  |
| <input type="checkbox"/> No limitation<br><input type="checkbox"/> Scooter<br><input type="checkbox"/> Child Restraint Seat   | <input type="checkbox"/> Ambulatory<br><input type="checkbox"/> Wheelchair<br><input type="checkbox"/> Gurney | <input type="checkbox"/> Power Chair<br><input type="checkbox"/> Walk Aid Type _____<br><input type="checkbox"/> Other _____   |                  |
| <b>Source of Family Income</b><br><input type="checkbox"/> Employment ONLY<br><input type="checkbox"/> Employment + Other ONLY<br><input type="checkbox"/> Employment + Other + Non-cash Benefits<br><input type="checkbox"/> Employment + Non-cash Benefits<br><input type="checkbox"/> Other Sources ONLY<br><input type="checkbox"/> Other + Non-cash Benefits   |   | <b>Other Income Source</b><br><input type="checkbox"/> TANF<br><input type="checkbox"/> SSI<br><input type="checkbox"/> VA Service disability Comp<br><input type="checkbox"/> VA Non-Service Disability Pension<br><input type="checkbox"/> Private Disability Insurance<br><input type="checkbox"/> Workers Compensation<br><input type="checkbox"/> Retirement Income from Social Security                    |                  |
| <input type="checkbox"/> NO Income<br><input type="checkbox"/> Non-Cash Benefits ONLY<br><input type="checkbox"/> Unknown / not reported<br><br>Please report the types of <u>Other</u> income and/or <u>Non-cash Benefits</u> received by the households who reported sources other than income  |   | <input type="checkbox"/> Social Security Disability Insurance (SSDI)<br><input type="checkbox"/> Unemployment Insurance<br><input type="checkbox"/> Pension<br><input type="checkbox"/> Child Support<br><input type="checkbox"/> Alimony or other Spousal Support<br><input type="checkbox"/> Unemployment Insurance<br><input type="checkbox"/> EITC<br><input type="checkbox"/> Other, Unknown / Not Reported |                  |
| <b>Non-Cash Benefits</b><br><input type="checkbox"/> SNAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD - VASH <input type="checkbox"/> Other<br><input type="checkbox"/> WIC <input type="checkbox"/> Public Housing <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Unknown / Not Reported<br><input type="checkbox"/> LIHEAP <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Affordable Care Act Subsidy |   |  |                  |
| <b>Military Status</b>  |   |  |                  |
| <b>Emergency Contact</b>  |   | <b>Relationship</b>  | <b>Address</b>   |
|   |   |  | <b>Phone Day</b> |
|   |   |  | <b>Evening</b>   |
| <b>Client Signature</b>   |   |  | <b>Date</b>      |

**Work History**

|   |                                 |                                  |                                    |                                   |                                 |                                   |
|---|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
| <b>**Must be completed if Employment to work for low Income/disabled selected</b> |                                 |                                  |                                    |                                   |                                 |                                   |
| Name and location of Employer _____   |                                 |                                  |                                    |                                   |                                 |                                   |
| <input type="checkbox"/> Sunday   | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| From:   | From:                           | From:                            | From:                              | From:                             | From:                           | From:                             |
| To:   | To:                             | To:                              | To:                                | To:                               | To:                             | To:                               |

|  |                        |                    |
|--|------------------------|--------------------|
| <b>(This part is to be completed by a licensed physician or agency involved in programs for the disabled)</b><br>*Must be completed if <b>ALA Hou</b> service or <b>Dialysis</b> selected. |                        |                    |
| Please specify nature of applicant's disability  |                        |                    |
| <b>Agency/Name</b>   | <b>Mailing Address</b> | <b>Telephone #</b> |
| <b>Signature</b> _____   |                        | <b>Date</b> _____  |

**For Office Use Only**

Application       Approved       Disapproved       Eligible Programs

Notification Date: \_\_\_\_\_

Eligibility Certification by: \_\_\_\_\_

Comment: \_\_\_\_\_

• P.O. Box 2122, Kahului, Maui, HI 96733 • Tel. No. 877-7651 • Fax No. 871-2171 • Rev. 04-25-19 •

**INCOME VERIFICATION - Required for all programs**

**NOTE: TO BE ELIGIBLE FOR EMPLOYMENT TO WORK SERVICE, YOU MUST SUBMIT A COPY OF YOUR MOST CURRENT TAX RETURNS**

| <b>125% OF THE 2021 FEDERAL POVERTY GUIDELINES FOR HAWAII</b> |                           |                |
|---|---------------------------|----------------|
| <b>Persons in Family/Household</b>                            | <b>Poverty Guidelines</b> |                |
|   | <b>Annual</b>             | <b>Monthly</b> |
| 1   | \$18,525                  | \$1,544        |
| 2   | \$25,050                  | \$2,088        |
| 3   | \$31,575                  | \$2,631        |
| 4   | \$38,100                  | \$3,175        |
| 5   | \$44,625                  | \$3,719        |
| 6   | \$51,150                  | \$4,263        |
| 7   | \$57,675                  | \$4,806        |
| 8   | \$64,200                  | \$5,350        |
| 9   | \$70,725                  | \$5,894        |
| 10  | \$77,250                  | \$6,438        |

For families/households with more than eight people, add \$6,525 to the annual for each additional person.

\*\*You must submit proof of income in order to qualify for the Employment to Work for Low income or Disabled Individuals. Acceptable proof is the most current tax returns for all household members, or pay stubs for the last three pay periods for all household members.



**Maui Economic Opportunity, Inc.**

P.O. Box 2122  
Kahului, HI 96733  
808-249-2990 Fax: 808-249-2991  
[www.meoinc.org](http://www.meoinc.org)

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling 808-249-2990, extension 342, or by requesting one at the MEO offices.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Print or Type Name)

\*As the representative of the above individuals, I acknowledge receipt of the Notice on his or her behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

**MAUI ECONOMIC OPPORTUNITY, INC.**  
**PARTICIPANT’S WAIVER OF CLAIM AND INDEMNITY**

For and in consideration of Maui Economic Opportunity, Inc. providing me transportation service, I, \_\_\_\_\_, on behalf of myself, my sibling(s), parent(s), child(ren), relatives, heirs, estate, executors, and /or administrators, hereby waive, release, discharge, hold harmless and indemnify Maui Economic Opportunity, Inc., its officers and employees (hereafter the “Transportation Agency”), from and against any and all claims, suits, damages, costs, fees, (including, but not limited to, reasonable attorney’s fees), losses, expenses, causes of action, judgments, and liabilities of every nature or kind (collectively “liabilities”), in equity or law, in any manner arising out of or in connection with the Transportation Agency providing me transportation service, unless such liabilities are caused by the gross negligence or willful misconduct of the Transportation Agency.

I agree to abide by all bus and safety rules of the Transportation Agency.

If any provision of this agreement, or the application of same is held invalid, all remaining provisions of this agreement and the application of such provisions to circumstances other than those which are held invalid shall not thereby be held invalid, and to this end the provisions of this agreement are expressly understood and agreed by the parties to be severable.

\_\_\_\_\_  
PRINT PASSENGER’S NAME ABOVE

\_\_\_\_\_  
LEGAL GUARDIAN SIGNATURE (SELF OR OTHER)

\_\_\_\_\_  
DATE

**OPTIONAL SIGNATURES**

I have read, understand, and agree with the provisions in this waiver form.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

## **NOTICE TO CLIENTS REGARDING PRIVACY PRACTICES**

October 2021

Maui Economic Opportunity, Inc. ("MEO") is committed to maintaining the confidentiality of any health information MEO receives from individuals to which MEO provides assistance. In furtherance of these objectives, MEO has adopted stringent privacy policies, implemented safeguards intended to protect client privacy, and routinely provides training to MEO employees who come into contact with client health information. Please be assured that MEO will never disclose your health information without your consent, unless required by law.

In the unlikely event that the privacy of client health information is compromised, MEO will make every effort to promptly notify affected clients of the occurrence. If a member of MEO's workforce is found to be responsible for, or to have caused or contributed to an unauthorized privacy breach of health information in any way, disciplinary action in conjunction with retraining will be required, as determined by MEO.

If you have any questions or become aware of a potential or actual privacy breach involving any individual's health information maintained by MEO, please contact:

Gay Sibonga, Chief Operating Officer  
PO Box 2122  
Kahului, HI 96733  
808-249-2990 extension 342  
[gay.sibonga@meoinc.org](mailto:gay.sibonga@meoinc.org)