

Town of Lexington Human Services Department

Eligibility Application for Lex-Connect Taxi Voucher Program

PLEASE PRINT

Name _____

Date of Birth _____ Age _____ F M

Address _____ Apt # _____

City/Village/Town _____ Zip _____

Phone: (____) _____ Email: _____

Emergency Contact Information

Name _____ Relationship _____

Phone (____) _____ Phone (____) _____

Are you able to enter and exit a vehicle with little or no assistance? Yes No

This information is true and complete to the best of my knowledge. I authorize the use of this information by representatives of the Human Services Department of the Town of Lexington for the purposes of determining program eligibility. I understand that deliberately providing false information may jeopardize the receipt of services. Furthermore, I agree to hold the Town of Lexington free and harmless from and against all claims, damages, losses, and expenses incurred as a result of or in any way arising from, relating to, or connected with the Lex-Connect program.

Signature of Applicant: _____ **Date:** _____

Disclaimers

Lex-Connect vouchers have no cash value and are nonrefundable. They are redeemable only as full payment for a qualified, one-way trip with Veterans Taxi (tips, waiting time, and multiple stops are additional). Vouchers are nontransferable and may not be given to anyone else. They must be used by the person whose name they were purchased under. Lost vouchers are the responsibility of the owner; they will not be replaced.

Staff Initials: _____	Staff Comments: _____
Date Entered: _____	_____
