Baytown Resource & Assistance Center

COMMUNITY DEVELOPMENT TRANSPORTATION PROGRAM

GENERAL INFORMATION

The BRAC Community Development Transportation Program is sponsored by the City of Baytown Community Development Block Grant Program in collaboration with the Harris County Office of Transit Services Division. Together BRAC and Harris County can provide two transportation options under the Rides Program and Harris County Transit. The goal of the Program is to provide eligible residents with non-emergency transportation services within the city limits of Baytown and to/from Houston for medical appointments.

ELIGIBILITY REQUIREMENTS

1. Applicants must be a resident of the City of Baytown.
2. Applicants must be 65 years of age or older, have a certified disability, or receive a referral for domestic violence/sexual assault.
3. Applicants must complete the application for services and submit in person.
4. Applicant's household annual gross income must not exceed the below-stated maximum income limits.

No. in Household	Annual Maximum Gross Income*
1	$16,050
2	$18,350
3	$21,330
4	$25,750
5	$30,170
6	$34,590
7	$39,010
8	$43,430

HOW TO APPLY

Contact the Baytown Resource & Assistance Center Office at (281) 424-5752 for general information, program guidelines and an application form. Completed applications must be submitted in person at the BRAC Office located at 5309 Decker Drive, Baytown, Texas.

**Handicapped spaces available in the parking lot behind the United Way building. Rear parking is wheelchair-accessible.*

*Last updated 9/16/2019

Community Development Transportation Program

BAYTOWN RESOURCE &ASSISTANCE CENTER

5309 Decker Drive - Baytown, TX 77520 - 281-424-5752
www.baytownresourceandassistancecenter.org

Applicant Information:

First Name:_____Last Name:_____M.I.: _____

Date of Birth:___/___/____ Please circle which applies: Over 65 Disabled Domestic Violence

Ethnicity (circle): Hispanic Not-Hispanic

Race (circle): White American India/Alaskan Native Asian
Black/African American Native Hawaiian/Pacific Islander

Home Number:_____Mobile Number:_____Alternate Number _____

Sex (M/F):_____Single_____Married_____Divorced_____Widowed_____Female Head of Household _____

Ambulatory_____**or** Wheelchair Bound_____How far is the nearest transit stop to your home_____

_____ _____ _____
Applicant Address Apt # Zip Code Name of complex or subdivision

Please list a Relative, Friend, or Neighbor who can usually contact you:

_____ _____ _____ _____ _____
Name Relation Home Phone Work Phone Mobile Phone

Have you ever applied for METROLift service?
Yes_____
No_____

Were you approved by METROLift?
Yes_____
No_____

If this program was **not** available, what would be your option(s) for transportation? Check all that apply.
Your own car ___
Family or neighbor (by car) ___
General public transit ___
Special transportation ___
Taxi ___
Walk ___

What percentage of travel is accomplished by:
Your own car ___%
Family or neighbor (by car) ___%
General public transit ___%
Special transportation ___%
Taxi ___%
Walk ___%

For what type(s) of trips will you use this transportation Program for? Check all that apply.
Houston Dr. appointments ___
Baytown Dr. appointments ___
Pharmacy ___
Grocery shopping ___
Social Services ___
Other ___

Do you require additional assistance. Check all that apply.
Boarding and/or unboarding ___
Carrying small packages ___
Other (List below) ___
_____
_____

Applicant Comments or Specific Needs: _____

_____

_____

ALL APPLICANTS MUST APPLY IN PERSON

Income Information:

A full disclosure of all household members and income/assets must be made. If a member of your family does not contribute to the household income, please indicate with "none" below. Failure to disclose any household member's income or assets is a criminal offense under Section 1001 of Title 18 of the U.S. Code. All income and assets will require verification from the providing sources before eligibility will be granted. **Income includes all money flowing into the household, regardless of age of recipient.** Such things as self-employment wages, AFDC, alimony, Social Security Benefits, Pensions, Child Support, regular gifts from friends or family, money earned from providing services, and interest income from bank accounts or investments must be disclosed.

List ALL Household Members and Relation	**U.S. Citizen?**	**Source of Income**	**Amount**

Total Monthly Income _____

Total Yearly Income _____

Total Household Members _____

NOTICE:
With few exceptions, you are entitled, on request, to be informed about the information that the City of Baytown collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have the City of Baytown correct information about you that is incorrect.

Important:
Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or agency of the United States Government as to any matter within its jurisdiction.

Certification:

The section below is to be signed by the applicant. A witness is needed for any signature made by mark.

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 granted to my household based on fraudulent information must be reimbursed in whole to the City of Baytown.

_____ _____ _____

Applicant Signature Date Witness (if signed by mark)

Rear parking is wheelchair-accessible. Handicap parking spaces are available. Applicants must apply in person.

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For office use only:

Customer ID #:_____ Date of Application: _____

Mobility Issue:_____ Mobility Aid:_____ Bus____ Para-Transit Referral ____

Processed By:_____ Date Issued:_____ Notified Rides_____

Proof Provided: Over 65 State ID___ State DL___ **Disabled:** Dr.Cert. Form___ SSDI___ Other_____

Domestic Violence Referral Agency: _____

Rides
Specialized Transportation for Harris County

HARRIS COUNTY TRANSIT

BAYTOWN RESOURCE AND ASSISTANCE CENTER
COMMUNITY DEVELOPMENT TRANSPORTATION PROGRAM
DISABILITY CERTIFICATION

TO BE COMPLETED BY APPLICANT:			
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
Phone Number	Social Security Number	Date of Birth	
TO BE COMPLETED BY DOCTOR:			
First Name	Middle Name	Last Name	
Doctor's Street Address	City	State	Zip
Phone Number	Type of Practice/Degree		

In accordance with federal law and regulation published by the Department of Housing and Urban Development, it is necessary to verify the disability status of the Applicant identified hereinabove. The information provided will be used solely for the purpose of determining the applicant's eligibility for participation in the Community Development Transportation Program funded by a Community Development Block Grant.

I, the above-referenced doctor, hereby certify that in my professional opinion, the above-named applicant meets the following marked criteria:

_____ The applicant has a disability as defined in 42 U.S.C.S. 423 --

(A) inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or

(B) in the case of an individual who has attained the age of *55* and is blind (within the meaning of "blindness" as defined in section 216(i)(l) [42 U.S.C.S. §4l6(i)(l)]), inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time.

The applicant has a developmental disability as defined in 42 U.S.C.S. §6001 -- a severe, chronic disability of an individual *5* years of age or older that_

(A) is attributable to a mental or physical impairment or combination of mental and physical impairments;
(B) is manifested before the individual attains age 22;
(C) is likely to continue indefinitely;
(D) results in substantial functional limitations in three or more of the following areas of major life activity_
  (i) self-care;
  (ii) receptive and expressive language;
  (iii) learning;
  (iv) mobility;
  (v) self-direction;
  (vi) capacity for independent living; and
  (vii) economic self-sufficiency; and
(E) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services arc not provided.

SIGNED this the ___ day of_____,20__.

_____ _____

(Stamp of Doctor's Office) **Signature of Doctor**

Community Development Transportation Program

Checklist of Items/Forms Needed

Applicant's Name: _____

Household Size: _____ **Elderly: _____** **Disabled: _____**

		SUBMITTED	NEED
Must have:	**Identification**		
	Social Security Card		
Must have at least one:	**Residency**		
	Water		
	Electricity		
	Gas		
	Phone		
	Lease/Deed		
	Other		
Must have at least one:	**Age**		
	State-Issued ID		
	State-Issued Driver's License		
Must have if under age 65:	**Disability**		
	Doctor's Certification Form		
Must have proof of all sources of income:	**Income**		
	Social Security Award Letter		
	Retirement/Pension Verification		
	Veteran's Award Letter		
	Food Stamp Award Letter		
	Self-Employment Verification		
	Welfare/AFDC Verification		
	Supplemental Social Security		
	Income Tax Returns		
	Child Support/Alimony		
	Employment Verification		
	Investment Interest		
	Bank Statements (last 3 months)		
	Housing Assistance		
	Regular Gifts		
	Other Source(s) of Income		