

KATS

KINGSPORT AREA TRANSIT

APPLICATION FOR JOB ASSIST SERVICE ELIGIBILITY

This program has been developed to assist people with safe and reliable transportation getting to and from work.

If you do not qualify for the KATS Dial-A-Ride ADA/65 program, or do not live near a KATS bus route service, please complete this application and return it to the address below to determine your eligibility.

It is important to note that all parts of this application must be completed. **You as an applicant are responsible for the completion of this entire application form.** Incomplete applications will be returned to you. You will need to submit proof of employment with your application in the form of a check stub or letter from employer to become eligible.

Upon receiving your fully completed application, KATS will come to your residence in order to do a site check; this is part of the Dial A Ride Job Assist eligibility process. The site check is to ensure that the loading conditions at your home are safe for both the passenger and KATS employee. KATS will bring a vehicle to your home for the site check to ensure proper lift capability and safe loading conditions.

KATS will review your application and follow-up as necessary to determine your eligibility for the Job Assist program. KATS will notify you within 21 days of receiving your **completed application** regarding your eligibility. If you have not heard about your eligibility status within 21 days of submitting your application, please call 423-224-2613. If a determination has not been made yet, you will be temporarily eligible.

If you have any questions or concerns about your eligibility status or you need assistance in filling out the application, please call (423) 224-2613. All information will be kept confidential. The cost for KATS Dial-A-Ride Job Assist is **\$3.00 EACH WAY**. (zone fees do apply).

Thank you for choosing KATS; we look forward to serving you!

All KATS information is available in accessible formats upon request.

**PLEASE SEND A COMPLETED ORIGINAL (faxed copies not accepted)
APPLICATION TO:**

Kingsport Area Transit Service
109 Clay Street
Kingsport, TN 37660

For questions regarding the Job Assist Program, please contact us at:

Telephone: (423) 224-2613

Email: katsvan@kingsporttn.gov

KINGSPORT AREA TRANSIT SERVICE
Application Form for Job Assist Service Eligibility

SECTION I
APPLICANT INFORMATION

First Time Applying Renewal Re-Applying

Check (1) title: Mr. Mrs. Miss Ms. Other _____ (Dr./Rev., etc.)

Name: _____
 Last First Middle Initial

Mailing Address: _____
 P.O. Box or Street City State Zip Code

Residence Address: _____
 Street/Apt. # City State Zip Code

Date of Birth: _____ **Phone:** _____
 Month/Day/Year Home/Work Mobile

Emergency Contact: _____ **Relationship:** _____

Home/Work Phone: _____ **Mobile:** _____

1. Please describe your reason for needing to use the KATS Job Assist transportation program?

2. Do you currently use the KATS fixed route bus or Dial-A-Ride ADA/65 van service?

Yes No If **YES**, please explain _____

SECTION II- Employment Information

Name of Employer: _____

Address of Employer: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time:					
End Time:					

I understand that I must provide proof of employment by submitting a current check stub or a letter from my employer confirming my employment. I understand I must submit this information in order to become eligible to use the Job Assist Program. Should any of this information change, it is my responsibility to let KATS dispatch know of those changes.

SIGNATURE:

DATE:

How did you learn of the KATS Job Assist Program?

I hereby certify that the information provided in this application is correct. I authorize the release of information to Kingsport Area Transit Service (KATS). I also authorize KATS to contact my employer in order to confirm my employment.

Applicant's Name (Print): _____ Date: _____

Applicant's Signature: _____

If you are **NOT** the applicant but have complete this application on the applicant's behalf, you must provide the following information:

Full Name (Print): _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Relationship to Applicant _____ Daytime Phone _____

I hereby certify to the best of my knowledge the information given above is correct and can be verified by the applicant's health care professional.

Signature: _____ Date: _____

You have now completed the applicant section of the Job Assist Form. Please mail or return your form to:

KATS
109 Clay Street
Kingsport TN 37660
www.kingsporttransit.org
423-224-2613