Application must be completely filled out with the following information:

Section I

- **Applicant must include Name, Address, SSN# & Birthdate.**

Section II

- **Applicant must indicate if they use a mobility aid or have an impairment. In case of mental impairment, applicant should indicate what type.**
- **Applicant must check whether or not he/she needs an escort.**
- **Questions #1-5 must be answered.**
- **Question #1 - If an impairment or disability is indicated, then Section V must be filled out by a Medical Professional (See instructions for Section V).**
- **If Question(s) #4 or #5 are checked "no", an escort is required to travel with applicant.**

Section III

- **Question #1 - If you checked "yes" to Medicaid, your Medicaid number must be provided.**
- **Question #2 - If "Assistance" is checked, all available supporting documentation must be provided.**
- **Question #3 – Number of people in your household include those people who are listed on your income tax return. They include yourself, your spouse and your dependents.**
- **Question #4 - "Total Annual Household Income" is based upon individuals within your tax household.**
  - **All available supporting income documentation must be provided:**
    - **Acceptable forms of Documentation include: 1st page of your tax return; DCF Cash Benefit/Child Support Letter; minimum of (3) most recent pay stubs; unemployment compensation income verification; Social Security income letter (SSA, SSI, SSDI); retirement/pension statement(s)**
- **If Question #5 is marked yes, #5a & #5b should be filled in.**

Section IV

- **Must contain either the applicant's signature or the guardian of the applicant.**

Section V

- **Complete this section only if you indicated that you have a disability or impairment in Section II, Question #1.**
- **This section must be completely filled out and signed by a Medical Professional.**