

HELPING OUR NEIGHBORS WITH OPTIONS FOR RIDES (HONOR) FOUNDATION

Application for Financial Assistance

The purpose of the HONOR Foundation is to assist individuals who have been approved for Lift Line para-transit transportation service in being able to pay for that service. In order to make sure that the Foundation's funds are used to assist the individuals who most need them, we require each person who is seeking assistance to complete this Application Form.

Your application will be reviewed by the HONOR Foundation Board. You might be asked to come for a personal interview with the Board and/or to submit additional information.

All financial assistance will be provided in the form of passes to use the Lift Line service. Therefore, you can only take advantage of this assistance if you are an approved Lift Line customer.

YOUR NAME: _____

YOUR MAILING ADDRESS: _____
_____, New York _____

YOUR TELEPHONE NUMBER: 585-_____

YOUR E-MAIL ADDRESS: _____

WHAT IS THE BEST WAY TO CONTACT YOU? Mail Telephone E-Mail

YOUR ANNUAL HOUSEHOLD INCOME: \$_____

ARE YOU CURRENTLY ELIGIBLE FOR LIFT LINE TRANSPORTATION?

Yes No

If not, do you want to receive an application for Lift Line transportation?

Yes No

DO YOU RECEIVE (Check all that apply and provide evidence that you receive the assistance.)

- Medicaid Medicare SSD/SSI TANF

WHERE DOES LIFT LINE GENERALLY TAKE YOU, AND HOW FREQUENTLY?

- Employment -- ____ times per Week Month Year
- Medical/Health Care -- ____ times per Week Month Year
- Shopping -- ____ times per Week Month Year
- Visit Family or Friends -- ____ times per Week Month Year
- Recreation -- ____ times per Week Month Year
- Other (specify) _____ -- ____ times per Week Month Year
- Other (specify) _____ -- ____ times per Week Month Year
- Other (specify) _____ -- ____ times per Week Month Year

Use the space below to provide any additional information you may wish to share in support of your application and to describe the level and amount of financial assistance that you are seeking. You can submit additional pages if necessary. Please write legibly or print.

By submitting this application I am affirming that the information provided herein is true and accurate and understand that any and all information that has been provided may be verified through the appropriate agencies or organizations. I also understand that additional information may be requested to further support my application for financial assistance.

Completed Applications and Supporting Information should be sent to:
HONOR Foundation
1372 East Main Street
Rochester, New York 14609