



CPACS Express Application Form

 New application

 Renew Application

Name:		
Date of Application:	Date of Birth:	Phone:
Residential Address:		
City:	State:	Zip Code:
Mailing address (if different than above):	Person to contact in case of emergency:	Telephone:

EMPLOYMENT AND INCOME STATUS

The eligibility of using CPACS Express service will be verified based on the following information provided. Rider is responsible to inform any change in the schedule within 24 hrs. in advance. You can reach us at 770-936-0969 from 9:00 am – 4:00 pm (Monday- Friday)

A) Family size _____

B) Family income:

	10,000-15,000
	15,000-20,000
	20,000-25,000
	25,000-30,000
	30,000-35,000
	35,000 +

Are you currently on any of the following Programs? If so, please include verification.

- Social Security _____ Disability _____
- Food Stamps _____ TANF _____
- Unemployment _____ • Other (s) _____

Do you have any special transportation needs: (wheelchair, walker, etc.?) _____

Please provide the date and time that you need service: Date _____ Time from _____ to _____

Transportation Service

Voucher participant

Applicant Signature

Date

The Federal Transit Administration, **CPACS Express Transportation Services** prohibits discrimination against its customers and applicants on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in any program or activity conducted or funded by the listed Departments.

PHOTO/VIDEO RELEASE AGREEMENT

1. I, the undersigned, consent and agree that still photographs, motion pictures, or the television presentations in the forms of either live or video tape may be made of myself, my child (ren) by CPACS.
2. This release gives CPACS the right to use the above-listed visual and written material above in conjunction with the teaching instruction, training, information and education of employees of CPACS or the other general public.
3. Further, I hereby release CPACS and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.

Signature: _____ Date: _____

Name (Printed): _____ Email: _____

(FOR OFFICE USE ONLY)

Approved _____ Denied _____

Total anticipated travel miles _____ Participant Fare: _____

Copy of identification on file _____

Release Agreement Signed and Dated _____

Renewal Date: _____ Renewal Date: _____

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people need people®