



Aloha,

HCEOC's Transportation Program offers Hawai'i Island residents who are elderly, low-income, or disabled access to essential sites such as medical facilities, nutrition sites, shopping centers, banks, post offices, government buildings, and places of employment. Services are based on availability, service areas and road conditions.. Attached is a program application and Transportation Passenger and Driver responsibility Policy. The eligibility requirements for our program are as follows:

- *Elderly: Age Sixty (60) years old and older*
- *Low-Income: Any individual who meets the Federal Poverty Guidelines , must provide proof of income.*
- *Disabled: A current disability that can be certified by a physician.*

Please complete all sections of the application. If you do not have a disability, you do not need to complete the Medical Consent Form or have your physician complete the Physician Certification Form. Upon submitting your completed and signed application, we will need the

- following: Current copy of a photo identification (*Driver's License, State Identification, Passport*)
- Proof of Income (*Pay Stubs, W2, Tax Documents, income verification letter, benefit statement and/or bank statement*).
- Physician Certification and Consent to Release Medical Information Form (Only Applies to applicants applying to qualify with a Disability)
- Signed Passenger and Driver Responsibility Policy Acknowledgment

You may submit your application and the supporting documents in person, e-mail and mail.

Hawaii County Economic Opportunity Council

47 Rainbow Drive Hilo HI 96720

E-mail: TransEast@hceoc.net

Phone: 808-731-7009 , option 3

www.hceoc.net



FOR OFFICIAL USE ONLY:	
<input type="checkbox"/>	Walk -In
<input type="checkbox"/>	Mail
<input type="checkbox"/>	Online
Date Received Application: _____	
Application Received By: _____	

Transportation Program Application 2024

APPLICANT INFORMATION

Applicant Name: (Last, First, MI)		Contact Number #:	Email Address:
Physical Address:		City/State	Zip Code
Mailing Address:		Length of Time at Present Address: Years/ Months	Previous Address if less than (1) year:
<p align="center"><u>Housing Status</u></p> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> live with others <input type="checkbox"/> Public Housing <input type="checkbox"/> Shelter <input type="checkbox"/> Unhoused	<p align="center"><u>Transportation Status</u></p> <input type="checkbox"/> Unauthorized to drive <input type="checkbox"/> Authorized to drive <input type="checkbox"/> Has access to vehicle <input type="checkbox"/> No access to vehicle <input type="checkbox"/> Other:	<p align="center"><u>Family Status</u></p> <input type="checkbox"/> Single Mother <input type="checkbox"/> Single Father <input type="checkbox"/> Single without children <input type="checkbox"/> Married without children <input type="checkbox"/> Married with children <input type="checkbox"/> Two adults without children <input type="checkbox"/> Two adults with children	
If Renting, Please complete Landlord Section		Landlord Contact #:	Landlord Email Address:
Landlord Name:			
Landlord Mailing Address:		City & State	Zip Code
Property owner Name(s):		PO Contact #:	PO email address:

HOUSEHOLD MEMBERS

Complete the following for every person living in your home, **including** yourself (attach additional page if necessary). The first name on the application should be the applicant.

NAME	Relationship to Applicant	DOB	AGE	Gender (male or female)	Race (See below for code)	Education Level (See below for code)
1	SELF					
2						
3						
4						

Codes for Race:

A = White C=Native Hawaiian E= Alaska Native G= Latino I= Mixed Race
B= Black D= Pacific Islander F= Native American H= Middle Eastern J = Other

Codes for Education Level:

L= Grade 0-8 N= HS Grad/GED P= 2-4 yr degree
M=Grade 9-12 O= Some College Q= other

HOUSEHOLD INCOME INFORMATION

SECTION A: EARNED INCOME:

List **all** employed household members **income**. **All** earnings must be verified.

Household Members Name	Employer Name & Address	Gross Monthly Income	Gross Annual Income	Full Time	Part Time	Hourly Pay Rate	Pay Frequency
1.		\$	\$			\$	
2.		\$	\$			\$	
3.		\$	\$			\$	
4.		\$	\$			\$	
5.		\$	\$			\$	
6.		\$	\$			\$	
7.		\$	\$			\$	
8.		\$	\$			\$	

SECTION B: SELF EMPLOYMENT INCOME:

List **all Self-employed** household **members' income**. **All** income and expenses must be verified.

Self-Employed Person	Type of Business	Hours Per week	Monthly Expenses	Tips	Total Income
1.			\$	\$	\$
2.			\$	\$	\$

SECTION C: UNEARNED INCOME: **All** unearned income must be verified.

Income Type	Name of the person receiving benefits	Pay Frequency	Monthly Income
1. Welfare TANF Benefits			\$
2. Social Security			\$
3. Supplemental Security Income (SSI)			\$
4. Unemployment Insurance			\$
5. Temporary Disability Insurance			\$
6. Veteran's Benefits			\$
7. Foster Care Payments			\$
8. Federal Subsidy Utility Benefits			\$
9. Other (i.e Snap Benefits)			\$

CERTIFICATION AND RELEASE AUTHORIZATION

Please Check and initial each statement after reading; by initialing, you are validating that you understand each statement .

<p>Disclosing this information is optional and does not impact eligibility. HCEOC uses this information for purposes of collection data and reporting only. HCEOC complies with Federal and State regulations regarding non discrimination and affirmative action.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I am a citizen of the United States? <input type="checkbox"/> I am NOT a citizen of the United States <input type="checkbox"/> I am a Veteran <input type="checkbox"/> I am NOT a Veteran <input type="checkbox"/> I have active health Insurance <input type="checkbox"/> I DO NOT have active Health Insurance <input type="checkbox"/> I am Hispanic <input type="checkbox"/> I am NOT Hispanic
<p>Initial Here</p>	<ul style="list-style-type: none"> • I certify that the information provided on this application is correct and accurate to the best of my knowledge. I understand that I may be required to provide additional information or supporting documents if needed.
<p>Initial Here</p>	<ul style="list-style-type: none"> • I Authorize Hawaii County Economic Opportunity Council to verify my income sources to determine my eligibility.
<p>Initial Here</p>	<ul style="list-style-type: none"> • I Authorize Hawaii Economic Opportunity Council to contact my Employer to verify my employment status.
<p>Initial Here</p>	<ul style="list-style-type: none"> • I have reviewed the Transportation program Policy and Adhere to all rules stated in the policy and understand that the Policy can be changed or amended at any time.

I, _____, certify that the information is true and correct to the best of my knowledge. I acknowledge that additional information or documentation may be necessary to determine or confirm my eligibility for assistance. I give consent to verify my income from other sources. I have read and I understand the Transportation Program Policy of Hawaii County Economic Opportunity Council and understand that the services are subject to change at any time.

Applicant Signature _____ Application Date: _____

Witness if Signature is an "X": _____ Application Date: _____

Print Name of Applicant if Signature is "X": _____ Application Date: _____



HCEOC

HAWAII COUNTY ECONOMIC OPPORTUNITY COUNCIL

Passenger and Driver Responsibility Policy Acknowledgement

1. Application Process and Initiation of Services

- a) Completed applications will be processed in the order received. The application will be reviewed during business hours and will be processed within 1-3 business days. Incomplete applications and missing documents will result in a delay of the processing time.
- b) Once the application has been processed, the applicant will be notified via phone or email regarding the application status.

2. Pickup and Drop off Locations

- a) All scheduled requests will be at curbside and not door to door, unless authorized. Non-ambulatory requests will be reviewed for safest and best access. Roads and driveways must be safe and accessible to our vehicles.
- b) Pick up and drop off locations will be as scheduled. Same day deviations from the original scheduled request will not be accepted, the change must be made in advance through dispatch.

3. Scheduled Transportation

- a) Scheduled Transportation will be available Monday through Friday only within our hours of operation. Please contact us for the current transportation schedule. Our schedule and hours of operation are subject to change. We do not provide Transportation service on weekends or observed Holidays.
- b) We do not accept standing order reservations, reservations. All reservations are on a first come-first served basis. Same day / On demand reservations will be subject to availability.
- c) Allow a 15-minute pre and post pickup and drop off leeway, be ready within the pickup time frame for pickup or drop off at the scheduled destination.
- d) If the client is not at site, the driver will wait for 5 minutes and will leave the property notating the trip as a no-show.
- e) Changes to request must be made three (3) days in advance to the office directly and not to the drivers.
- f) Cancellations should be made at least within one (1) business day during our business hours at 808-731-7009 option 3 or via e-mail at transeast@hceoc.net. We have the right to cancel transportation services due to unforeseen circumstances beyond our control such as vehicle repair, weather, unsafe road conditions, blocked access etc.
- g) Each passenger will receive a confirmation call or email (if preferred) within 1-2 business days before your scheduled appointment.

4. Driver's Responsibilities:

- a) The driver will be responsible for opening doors, managing moveable steps, and assisting passengers in and out of vehicles. In all instances the driver is performing these activities the vehicle must be turned off, engaged in "park" position and "emergency brake" fully applied. Drivers must never allow passengers to open or close vehicle doors.
- b) The vehicle door must always remain closed when the vehicle is in motion.
- a) The vehicle driver shall be responsible in enforcing the seat belts of every passenger of the vehicle. The vehicle shall not proceed to move unless every passenger wears their safety belt. Wheelchair clients will be properly secured.
- b) The driver shall maintain the vehicle in clean and sanitary conditions. Vehicle floor shall be either vacuumed or swept at least once a day.
- c) Be courteous to passengers and communicate if there is a delay in the schedule.
- d) Operate the vehicle and (if applicable) ramp/lift in a safe manner and safely secure wheelchair as necessary.
- e) Transport only the riders assigned to the locations scheduled.
- f) Face Mask requirements are only in accordance with the FTA (Federal Transit Administration) regulations. Drivers have the option to wear face masks unless it is required by law.

5. Passenger's Responsibilities:

- a) Provide the current contact information and address of pickup and drop off locations.
- b) Must report any changes – phone number, address, etc., promptly.
- c) Must be able to provide driving instructions in addition to providing a physical address.
- d) Avoid repeated cancellations, no-shows, and delays. Repeated events may cause suspension of services.
- e) Must be able to Load into the vehicle promptly, remain seated once on board, wear a seatbelt, and keep arms, legs, and head inside of the vehicle.
- f) Communicate any special accommodation requests to our team.
- g) Harassment or use of abusive, threatening, or obscene language to other passengers or any HCEOC staff will not be tolerated.
- h) No smoking, in or within 20 feet of the vehicle. This includes e-cigarettes.
- i) Avoid eating and drinking unless it is for medical purposes.
- j) Avoid playing loud music or littering in the vehicles.
- k) Avoid distracting the driver or interfering with the vehicle or equipment or behave in ways that disrupt the service or delay the vehicle.
- l) Must not transport fireworks, flammable liquids, weapons, open alcoholic beverages, or drugs aboard the vehicle.

5. Passenger's Responsibilities (continued)

- m) Must not attempt to bring on board friends, family companions, pets that are not registered with HCEOC Transportation programs. Upon making a reservation advise the dispatcher if a PCA (Personal Care Attendant) will be part of your reservation. See below regarding Service Animals.
- n) Service animals that have been trained to help with disabilities are allowed to accompany you on our vehicles. The Animal must be under your direct physical control and well-behaved. Transportation staff must be informed that you are bringing a service animal, and the animal must not soil or damage the vehicle, bark, growl, or act in an aggressive or threatening manner to other riders.
- o) Emotional Support/Comfort Animals are to be enclosed in pet carriers. Carriers should be closed and block aisle and will not be allowed to occupy a seat.
- p) Passengers must limit the number of carry-on packages; vehicles are not equipped for the transport of large amounts of items for safety and security reasons.
- q) Respirators, portable oxygen, or other life support equipment is allowed if it does not violate laws or rules related to transportation of hazardous materials. Your equipment must be portable and small enough to fit into our vehicles and able to be managed by you and not interfere with the comfort and safety of other passengers.
- r) HCEOC will not be responsible for any items left in the vehicle. If you believe that an item was left in our vehicle, please contact us.
- s) Any other special requests, accommodation or exceptions must be approved.
- t) Face Mask requirements are in accordance with the FTA (Federal Transit Administration) regulations. Passengers have the option to wear face masks unless it is required by law.



HAWAII COUNTY ECONOMIC OPPORTUNITY COUNCIL

Passenger and Driver Responsibility Acknowledgement Form

By signing below, you agree that you have read and will adhere to the HCEOC Transportation Policies.

_____ Passenger Print Name	_____ Signature	_____ Date
----------------------------------	--------------------	---------------

_____ Transportation Employee Print Name	_____ Signature	_____ Date
--	--------------------	---------------

2024 Hawaii Poverty Guidelines

Total Annual Household Income

Information from the [US Department of Health & Human Services](#). Updated Jan. 2024.

Household/ Family Size	Poverty Threshold	200% of Poverty Threshold
1	\$17,310	\$34,620
2	\$23,500	\$47,000
3	\$29,690	\$59,380
4	\$35,880	\$71,760
5	\$42,070	\$84,140
6	\$48,260	\$96,520
7	\$54,450	\$108,900
8	\$60,640	\$121,280
For families/households with more than 8 persons, add \$6,910 for each additional person.		





HCEOC
HAWAII COUNTY ECONOMIC
OPPORTUNITY COUNCIL

To: Hawaii County Economic Opportunity Council
47 Rainbow Drive
Hilo, HI 96720

FROM _____
Physician Name

Physician Address

RE: _____
Client Name

This is to certify that I am the Physician of the above-named who has the following disability and is unable to drive independently:

Should you have any questions, please contact me at:

Phone Number