



Health & Community Services
San Juan County

P.O. Box 607 ♦ 145 Rhone, Friday Harbor, WA 98250
Phone: (360) 378-4474 Fax: (360) 378-7036

2021-2023 TRANSPORTATION VOUCHER PROGRAM APPLICATION

Emergent Need/Ongoing Medical Voucher Request: Yes No

Name of Applicant: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Island: _____

ELIGIBILITY INFORMATION:

Annual Income Last Year Less Than \$25,000: Yes No

In addition, please check all applicable boxes below:

- 1. Are you 60 years old or older? Yes No
- 2. Are you disabled? Yes No
- 3. Are you a Veteran? Yes No

ADDITIONAL APPLICATION INFORMATION:

All applicants must provide documentation supporting the eligibility information contained in the application. Please indicate below all supporting documentation provided in this regard. All applications must indicate the type of documentation provided or the application will be denied.

A. Income verifying documentation (e.g. pay stubs, last year's tax return, SSI award, W-2, etc..) (required): Yes No

B. Driver's License or other State issued ID (required): Yes No

C. Other Supporting Documentation (List): _____

Signature of Applicant	Date	Signature of TVP Intake Provider	Date

Name of Intake Organization

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Approved: Yes No

Signature of H&CS Staff Member Date: