**Application for Contract Transportation**

**Through the Athens Co Veterans Service Commission**

(Athens Co Veteran Service Office, 88 N Plains Rd, Suite 102, The Plains, OH 45780)

This application must be completed by answering all questions. If it doesn’t apply to you, please write N/A.

(Note: Disclosure of Social security Number is voluntary. However, failure to provide such information may affect your application

 for contract transportation. Social Security numbers are used as a secondary identifier to determine applicant’s eligibility.) Applicants on record will be issued RSVP applications each year in the month of December to apply for transportation for the following year.

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| --- | --- | --- |
| Veterans Name | Date of Birth | Social Security Number |
| Street Address | Mailing address (if different) | Phone Number |
| Dates of serviceFrom: To: | Character of Service:Attach a copy of DD-214 | Office staff please verify Discharge info and initial.  |

|  |  |  |  |
| --- | --- | --- | --- |
| Net Monthly Income(Source) | Amount | Net Monthly income(source) | Amount |
| Wages-Veteran |  | Welfare (ODJFS) |  |
| Wages-Spouse |  | Food Stamps |  |
| Wages-Other HH member |  | Child Support |  |
| NSC/SC |  | Unemployment Comp |  |
| Retirement |  | Workman’s Comp |  |
| SSA/SSD/SSI-veteran |  | HUD (Rent Assistance) |  |
| SSA/SSD/SSI-Spouse |  | Other |  |
| Other |  | Column Total |  |
| Column Total |  | Grand Total |  |

ATTACH COPY OF PROOF OF INCOME: (BANK STATEMENT, VA STATEMENT, SOCIAL SECURITY STATEMENT, ETC)

Complete the below for all dependents in your household:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | SSN | Date of Birth |
|  |  |  |  |
|  |  |  |  |
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| --- |
| Please explain why you are unable to drive yourself to these VAMC appointments: |
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|  |

**Please read and sign the next page.**

**Below are the responsibilities and guidelines for RSVP use through the Athens County Veteran Services Office. Please read each carefully. A courtesy copy of these guidelines will be given to each applicant.**

VETERANS RESPONSIBILITY:

1.) Must complete the attached application and release form.

1. Must be an Athens County Resident for 90 days.
2. Must at least have a discharge of honorable or under honorable conditions.
3. Transportation is **ONLY** for appointments to and from VA and VA referred appointments and facilities. Transportation is **NOT** to be used for any appointments outside of VA care.
4. Must fall within the current VA PENSION THRESHOLD.

If approved for RSVP transportation the below then applies:

* Must notify The Athens County Veteran Service Office no less than three “3” work days prior (72 Hours) to appointment date. This does **NOT** include weekends or holidays.
* Must notify The Athens County Veterans Service Office, no less than forty-eight “48” hours for cancellation or change of appointment date.

\*\* If the RSVP driver shows up for the transport, and the veteran is not present, and/or has decided he/she does not want to go, or has not notified The Athens County Veterans Service Office of cancellation or a change of date the veteran will receive:

* First time: a written notice from The Athens County Veterans Service Office.
* Second time: will receive a written notice explaining that the veteran cannot use RSVP for six months. HOWEVER, the veteran is still eligible for regular travel reimbursement as provided by the VSC.

**\*\* Any veteran using contract transportation cannot receive travel pay from VAMC travel office. Any veteran found to be receiving travel pay will not be eligible for transportation for ONE year.**

ATHENS COUNTY VETERANS SERVICE OFFICE RESPONSIBILITY:

* Must arrange transportation through RSVP, given appropriate notice as described above.
* Request will be faxed to RSVP. Driver will attempt to make contact with veteran to confirm pickup within 24 hours prior to appointment date.

**Veteran is not to contact RSVP themselves for transportation!**

I understand and accept the above guidelines set forth in this application. I understand that false statements made on this application may lead to prosecution. I have completed and/or reviewed all information pertaining to my application for contract transportation. I certify that it is correct to the best of my knowledge. **I also understand that if I use contract transportation, I am not to receive travel pay from the VAMC travel office. \*\* Any veteran found to be receiving travel pay will not be eligible for transportation for up to ONE YEAR.**

Veterans Signature Date