

Vanpool Passenger Eligibility Form

Name:			
Address:			
City:	State:	Zip: _	
Home Phone:	Cell Phone:		
Number of Persons in household	Adults	Children	Total
Yearly Household Income \$		_	
Date you started or will start using a	vanpool :		
Trip start (Address/ location):			
Trip end (Address/ location):			
Vanpool # (if known): Roun	nd trip distance:		
In the past six months, prior to starting you use to travel to work?	ng in your new vanpo	ool, what method of	transportation did
Single Occupancy Veh Vanpool Other:			
Do you drive any distance to meet yo If yes, how far?	•	Yes	
How many days per week do you util	lize this vanpool serv	vice?	
Do you receive any other incentive for If yes, how much?	or vanpooling?	Yes	No

Have you ever received a subsidy in the past? If so, when:	Yes No	
I hereby certify that all information in this elig- correct to the best of my knowledge, and I h Policies governing this program.	5	
Signature:	Date:	

Please contact CalVans Staff at (866) 655-5444 for additional information. Please forward completed forms to calvans@co.kings.ca.us

Eligibility Criteria

Eligibility;

1. Eligibility for a maximum of 12 months

Those Eligible:

- 1. Individuals traveling to or from Kings County.
- 2. Persons who have not been in a vanpool for 6 months.
- 3. Person must be riding in a CalVans vehicle.

Procedures:

- 1. Complete a Vanpool Passenger Eligibility Form.
- 2. Receive notice of eligibility and vouchers.
- 3. Submit voucher with monthly payment to main vanpool driver.
- 4. Notify CalVans staff of any change in your work trip that may void the eligibility of the remaining vouchers.