

## Bus Pass Assistance Program

The City of Columbia's bus pass assistance program provides free, annual bus passes to income-eligible residents of Columbia. The annual bus pass allows a rider unlimited access to the fixed route buses for a calendar year without having to pay a fare. This program is intended to improve access to reliable transportation and to better connect the community. Bus passes are limited. Passes are initially distributed in January using a lottery process. Remaining passes, as well as any additional passes donated throughout the year, are made available on a first come first served basis. To be eligible, applicants must reside within the city limits of Columbia, MO and have a household income at or below 185% of the federal poverty level.

### How to Apply

1. Fill out this application completely
2. Include the following supporting documents:
  - Copy of applicant's photo ID
  - Copies of social security cards for all household members
  - Copy of all household income for previous month (paycheck stub, social security income, unemployment, child support, TANF, disability income, alimony, pension, etc.)
  - Proof of residence within the city limits of Columbia, Missouri
3. Submit your completed application and supporting documents. You can mail, drop off, fax, or e-mail your application as follows:

Mail or Drop Off	Fax	Email
Columbia/Boone County Public Health and Human Services Social Services Unit 1005 W. Worley P.O. Box 6015 Columbia, MO 65205-6015	(573) 874-7758	<a href="mailto:socialservices@como.gov">socialservices@como.gov</a>

### Application Processing

Based on the completeness of the application and the eligibility of the applicant, applications will either be denied or accepted. Applications are denied when the applicant does not meet the program criteria or did not provide supporting documentation with a completed application. You can apply for the initial annual lottery starting in December. If your application is accepted prior to the annual lottery in January, you will be eligible for selection in the lottery. You will be notified by mail if your application is drawn from the lottery. If your application is not drawn or is accepted following the initial annual lottery, you will be eligible to receive a pass on a first come first served basis, as passes are available.

### Questions?

If you have any questions or if you need any accommodations related to disability, please contact:

Columbia/Boone County Department of Public Health and Human Services  
Social Services Unit  
1005 W. Worley  
P.O. Box 6015  
Columbia, MO 65205-6015  
Phone: (573) 817-6430  
Fax: (573) 874-7758  
E-mail: [socialservices@como.gov](mailto:socialservices@como.gov)  
Web: [www.CoMo.gov](http://www.CoMo.gov) (Search: Social Services)

## Applicant Information

<b>Name</b>			
<b>Address</b>			
	Columbia, MO	<b>Zip Code</b>	
<b>Phone Number</b>		<b>Birthdate</b>	
<b>Race (please check one)</b>			
White <input type="checkbox"/>	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>		
Black or African American <input type="checkbox"/>	Other (Race not listed above) <input type="checkbox"/>		
Asian <input type="checkbox"/>	Two or more races <input type="checkbox"/>		
American Indian or Alaska Native <input type="checkbox"/>			
<b>Ethnicity (please check one)</b>			
Hispanic or Latino of any race <input type="checkbox"/>	Not Hispanic or Latino <input type="checkbox"/>		

## Household Information (please list all members of your household)

Name	Birthdate	Relationship to Applicant

## Income Information (for all household members)

Income Source	Amount Paid	How Often
Employment		
Child Support		
TANF		
Social Security		
Unemployment		
Disability		
Retirement/Pension		
Spousal Support		
Investment/Interest Income		
Other Income		

The information provided by me is true in all respects. I acknowledge that any false or misleading information provided herein will automatically render me ineligible for social services assistance.

Signature of Applicant

Date

For Internal Use Only						
Date Received	Documentation	Reviewed		Outcome	Notified	
		Date	Initials		Date	Initials
	ID <input type="checkbox"/> Social Security Cards <input type="checkbox"/> Income <input type="checkbox"/> Proof of Address <input type="checkbox"/>			Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/>		