



OFFICE OF  
COMMISSIONERS OF MIAMI COUNTY  
Transit Department – Sarah Baker, Transportation Manager  
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Phone – (937) 440-5488 Fax – (937) 440-5487

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**Miami County Public Transit Application for Title XX Rider Card**

Name: \_\_\_\_\_  
First Name M.I. Last Name  
(MUST HAVE)

**All lines MUST be completed below .**

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Number in Family: \_\_\_\_\_ Applicant is : Female: \_\_\_\_\_ Male: \_\_\_\_\_

**Title XX Eligibility**

Check the appropriate category of eligibility assigned to the individual or family:

- Free Services (Income at or below 150% of the Federal poverty level)
- Free Services (Income exceeds 150% of the Federal poverty level. No fee may exceed 10% of the gross monthly income)
- Without regard to Income (Those receiving APS or CSB)

**Income Eligibility Documentation: ALL HOUSEHOLD INCOME**

When income information is required, the income must be listed by source. Identify the family member that receives the income.

**ATTACH A COPY OF THE DOCUMENT USED TO VERIFY INCOME (MUST HAVE).**

**If you are receiving Social Security, please send a copy of the CURRENT YEAR benefit letter.**

***We cannot accept tax forms. Bank statements can only be used for proof of a pension.***

If family member does not have an income, list the individual with zero (0) income. Calculate gross monthly income received by the family members.

(A month is equal to 4.3 weeks)

<u>Source of Income</u>	<u>Family Member Receiving Income</u>	<u>Amount</u>
<b>Total Gross Monthly Income:</b>		

.....  
(Office Use Only)

**Rights & Responsibilities:**

1. The right to apply for services and have eligibility determined within thirty days.
2. The right to receive any needed services listed in the county’s profile as provided in the consumer’s eligibility category in the consumer’s county provided all eligibility factors are met and sufficient funds are available to provide the services.
3. The right to a state hearing as described in division level designation of 5101:6 of the Administrative Code.
4. The responsibility to report within five days any information that may affect eligibility.
5. The responsibility to provide documentation to substantiate eligibility.
6. The responsibility to cooperate with subsequent efforts to assess the error rate of the eligibility process.
7. The right to be advised of the eligibility requirements for Social Services.
8. The right to safeguarding of information reported by or about the consumer to the extent permitted by law.

This application/Service Plan must be signed by the applicant or an individual acting on behalf of the applicant. The date of the applicant’s signature must be entered.

**By my signature below, I certify that the information given on this application is correct and I agree to promptly report any changes in the information. I give consent for the agency to make whatever contacts are necessary to determine my eligibility and I hereby authorize the release of information necessary to determine my eligibility for Title XX Social Services.**

**I certify that my rights and responsibilities have been explained to me and I have received a copy of my rights and responsibilities.**

**I understand that these services are funded by the Federal Title XX Block Grant, administered through the state’s Job and Family Services System.**

Signature of Applicant/Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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***OFFICE USE ONLY***

Signature of Eligibility Worker: \_\_\_\_\_

Date application received into the agency: \_\_\_\_\_ Date eligibility established: \_\_\_\_\_

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Denied**

**JOB AND FAMILY SERVICES/TRANSIT**  
**No Show/Cancellation Policy**

**Card will not be issued unless this form has been**  
**Signed and returned with application**

On the occasion of the riders second no show, service will be suspended for seven days.

**A no show is defined as:**

- Passenger fails to call thirty minutes prior to the scheduled pick-up time to cancel
- The passenger does not call to cancel the trip
- The passenger is not available at the time of the scheduled pick-up
- The driver arrived either before, or at the scheduled pick up time, and has waited five minutes past the scheduled time. If the driver arrives past the scheduled pick up time, the driver will wait approximately two minutes before canceling the trip.

**A cancellation is defined as:**

- Passenger cancels their transportation more than thirty minutes before scheduled pick up time.

**Exceptions will be at the discretion of the transit director only.**

**Exceptions may include but are not limited to the following:**

- Admittance to hospital or emergency room by the passenger or immediate family (spouse, significant other, child parent, sibling, or similar step-relationships).
- Life threatening illness of the passenger or immediate family, as defined above.
- School delays/closings for the passenger or passenger’s child.
- Weather emergencies that cause cancellations, closing or sever delays st the passenger’s destination.
- Documented last-minute changes in the passenger’s work schedule, due to the employer.
- Documented last-minute changes in school schedules/class meetings or durations.
- Documented health issues.
- Lateness or no-show of a disabled passenger’s personal care attendant, resulting in delays to the passenger’s normal preparation routine.

It shall be the responsibility of the passenger to notify staff of any no-shows meeting the above criteria, and to provide any documentation that may be required by staff. Such a waiver may be disallowed if a passenger demonstrates a flagrant pattern of abusing the process, as determined by the Miami County Transit Director.

Passengers shall be notified in writing of each no-show.

Passengers suspended from service, but who are appealing the suspension, shall continue to be eligible for service during the appeal process, unless there is a flagrant abuse of the service during this time, as determined by the Miami County Transit Director. The continued eligibility during an appeal does not apply if the passenger is appealing to an agency about the agency terminating its funding for trips.

**On the occasion of the riders second no-show, service will be suspended for seven days.**

**Print Name:** \_\_\_\_\_

**Sign Name:** \_\_\_\_\_

**Card will not be issued unless this form has been  
signed and returned with application**

As of July 1<sup>st</sup>, 2008, State rules and regulations require that all riders, that are clients of Job and Family Services, show their card to the driver and sign a client roster **each time** they board the bus.

If someone does not have their card, or refuses to sign the roster, they will not be permitted to ride the bus.

Any questions or concerns should be directed to the applicable case manager at Job and Family Services.

We appreciate your cooperation with this matter.

**Miami County Public Transit**

**Print Name:** \_\_\_\_\_

**Sign Name:** \_\_\_\_\_

**The card will not be issued if this form has not been signed on  
the front and back of each page and returned with application.**

## **EXPLANATION OF STATE HEARING PROCEDURES**

### **What Is A State Hearing?**

If you think there has been a mistake or delay on your case, you may want to ask for a State Hearing. You can ask for a hearing about actions by either the State Department of Human Services or the local agency. Local agencies include the county Department of Human Services (CDHS), the county child support enforcement agency (CSEA), and agencies under contract with them.

A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Human Services (ODHS). The person from the local agency will explain the action it has taken or wants to take on your case. Then you will have a chance to tell why you think it is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing, and recommend a decision based on whether or not the rules were correctly followed in your case.

### **How To Ask For A Hearing:**

To ask for a hearing, call or write your local agency or write to the Ohio Department of Human Services, State Hearings, 30 East Broad Street, 31<sup>st</sup> Floor, Columbus, Ohio 43266-0423. If you receive a notice about denying, reducing, or stopping your assistance or services, fill out that form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574.

We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food stamps, you may request a hearing on the amount of your food stamps at any time during your certification period.

If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

### **Continuing Assistance or Services**

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, the action will not be taken until the hearing is decided if we receive your hearing request within 15 days of the mailing date on the notice.

In the food stamp program, your benefits will continue only until the end of your certification period. After that you must reapply and be found eligible.

If your assistance or services have been changed without written notice, or if the change was made even though you requested a hearing, you can call the Bureau of State Hearings. If you need help doing this, call the appropriate ODHS district office, toll free at the following numbers: Canton, 1-800-686-1569; Cincinnati, 1-800-686-1571; Cleveland, 1-800-686-1551; Columbus, 1-800-686-1568, and Toledo, 1-800-686-1572. If you do not know which district to call, ask your local agency.

If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

### **County Conference**

An informal meeting with a person from the local agency may settle the issue without the need for a state hearing.

Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your caseworker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have a county conference to have a state hearing. Asking for a county conference will not delay your state hearing.

### **When Will the Hearing Be Held?**

After your request for a hearing is received, the Bureau of State Hearings will send you a notice giving the date, time, and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice also will tell you what to do if you cannot come to the hearing as scheduled.

### **Where Are Hearings Held?**

Hearings are usually held at the local agency. If you are unable to go there, the hearing may be held some other place convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that on your hearing request.

### **Postponement of the Hearing**

If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food stamp program postponements is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.

### **If You Do Not Attend the Hearing**

The Bureau of State Hearings will send you a dismissal notice if you do not come to the hearing. If you want to continue with your request, you must contact the hearings section within 10 days and explain why you did not come to the hearing.

**PLEASE KEEP THIS COPY**

## **Rights & Responsibilities of the Title XX Social Services Applicant/Recipient**

1. The right to apply for services and have eligibility determined within thirty days.
2. The right to receive any needed service listed in the county's profile as provided in the consumer's eligibility category in the consumers' county provided all eligibility factors are met and sufficient funds are available to provide the services.
3. The right to a state hearing as described in division level designation 5101:6 of the Administrative Code.
4. The responsibility to report within ten days any information that may affect eligibility.
5. The responsibility to provide documentation to substantiate eligibility.
6. The responsibility to cooperate with subsequent efforts to assess the error rate of the eligibility process.
7. The right to be advised of the eligibility requirements for social services.
8. The right to safeguarding information reported by or about the consumer to the extents permitted by law.

Please report any changes or problems to **MIAMI COUNTY PUBLIC TRANSIT** at **937-440-5488**.

**PLEASE KEEP THIS COPY**