



Senior Nutrition Mobility Management Program
FY 22-23 Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (Circle) Unit / Apt. / Spc #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SNP ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Language Spoken: \_\_\_\_\_ Written: \_\_\_\_\_

Application Type: [ ] New [ ] Address Change [ ] Benefit Change Option: [ ] Bus Pass [ ] Gas Card [ ] Site Van [ ] Paratransit

(NOTE: Please ensure your address is correct; bus passes and gas cards are mailed to this address)

Please select the response that applies to you:

- [ ] I am not low income. [ ] I am low income based on the current EESI for Santa Clara County.

Table with 4 columns: EESI\* (current as of 4/19/22), Renter, Homeowner w/ Mortgage Payment, Homeowner w/o Mortgage Payment. Rows include Single and Couple categories with corresponding monthly amounts.

\* EESI varies based on multiple factors, including health, family size, and status as head of household. Actual EESI may be higher or lower.

I want to receive benefits by attending this meal site (home site): \_\_\_\_\_

CONDITIONS OF ELIGIBILITY

- 1. I certify that I am not able to walk, am not driven by my partner or spouse, and I cannot afford or do not have access to transportation that can take me to any SNP meal site without this benefit.
2. I certify that I meet the requirements on the back of this application for the benefit I selected above.
3. I certify that I have completed a 1367 Registration form online in conjunction with this application.
4. I understand that:
a. If I am approved for this benefit, my benefits will be received once per month beginning up to two full calendar months after the month I submit my completed application;
b. I must personally check-in electronically for every meal I receive, sign the attendance log, and eat the meal every time I attend an SNP meal site;
c. Any reported misuse of my SNP Gold Card or failure to eat a meal when I attend a meal site will result in the termination of my benefit;
d. Unless I am receiving paratransit services, I must attend meals at my home site at least eight (8)\*\* times per month beginning the month I apply or my benefit will be discontinued;
e. Benefits are limited based on available funding and are not guaranteed; and
f. If I selected Non-Profit Van above, my gas card will be delivered directly to my home site.

I understand the conditions listed above and certify that the information on this application and information on my 1367 form are true and accurate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Site Manager Approval: I have reviewed the above information and believe that the client qualifies for the selected benefit. Print Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

(For Senior Nutrition Program Use Only)

Date Received: \_\_\_\_\_ Month: \_\_\_\_\_ Process Date: \_\_\_\_\_ Disposition Date: \_\_\_\_\_ [ ] Approved [ ] Denied [ ] Waitlist

Denial Reason: [ ] Not low income [ ] Not a County Resident [ ] Age [ ] No 1367 or SNP ID Number [ ] Other (See notes)

Notes: \_\_\_\_\_

Paratransit Ride Approved (from/to): \_\_\_\_\_



## Senior Nutrition Program (SNP) Mobility Management FY22-23 Application

The Senior Nutrition Mobility Management Program assists older adults to travel to their Senior Nutrition Program home site. **Qualified older adults may receive only one type of benefit.** Benefits are limited based on available funding. As of July 1, 2020, benefits are awarded once a month based on attendance two months previously (e.g., April attendance is used to verify June benefits). If technology becomes available to award benefits sooner, SNP may change program rules to issue benefit sooner.

### General Requirements, you must:

1. Be a resident of Santa Clara County;
2. Be registered with the Senior Nutrition Program and have a 1367 form with your current home address on file;
3. Qualify as Low-Income based on the EESI for your living situation (see other side of form);
4. Have a transportation or mobility barrier that prevents you from attending an SNP meal site;
5. Need the benefit to be able to attend meals at your Senior Nutrition Program home site.

### Monthly Bus Pass, you must:\*\*

1. Be 65 years of age or older;
2. Scan your Gold Card at your **Senior Nutrition Program home site at least 8 times per month;**
3. Not receive home delivered meals.

### Monthly Gas Card you must:\*\*

1. Be 60 years of age or older;
2. Scan your Gold Card at your **Senior Nutrition Program home site at least 8 times per month.**
3. Not reside in a household with anyone else who receives a gas card from this program.

### Non-Profit Van, you must:\*\*

1. Be 60 years of age or older;
2. Scan your Gold Card at your **Senior Nutrition Program home site at least 8 times per month;** and
3. Use your home site's van to attend the site for a meal.

### Paratransit, you must:

1. Be 60 years of age or older;
2. Be certified paratransit eligible by Santa Clara Valley Transportation Authority; and
3. **Register for benefits from the Senior Nutrition Program meal site closest to your home unless you attend the Santa Clara Valley Blind Center.**

**NOTE:** Applications are processed monthly on the 10<sup>th</sup> of the month. You must meet attendance requirements to receive a benefit beginning the month your application is processed. Benefits will not be issued based on attendance for months prior to application. New applicants who do not meet attendance requirements will not be enrolled into the program. Attendance will be verified monthly based on electronic attendance data. You will be discontinued from the program immediately if you do not meet the attendance requirements. You will also be discontinued from the program if you do not have a valid mailing address, misuse your SNP Gold Card, or move out of Santa Clara County. **You may receive only one type of benefit at a time.** An updated application is required to change your benefit selection or address. Benefit Change applications will take effect the following month if received by the 10<sup>th</sup> of the month.

\*\* For sites that serve 3 days/week or fewer, attending 50% of serving days is required.

**If you have any questions, please contact your Home Site Manager.**

**\*\*\*Submit your completed Application to the Senior Nutrition Program meal site you plan to attend\*\*\***

I received a copy of these pages of this application. Applicant Signature: \_\_\_\_\_



**Senior Nutrition Program (SNP) Mobility Management  
FY 22-23 Application**

**Authorization to Release Personal Information  
(For Paratransit Applicants Only)**

By signing below, I authorize the SNP Mobility Management program to release my name, telephone number, address, and home site to the Santa Clara Valley Transportation Authority (VTA), the paratransit provider for the SNP Mobility Management program, and its agents or subcontractors that provide paratransit services for the purpose of verifying my paratransit eligibility and to coordinate paratransit rides between my home address and my home site.

Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

VTA ID Number: \_\_\_\_\_