



## **2021-2022 United Way Funding Agreement**

**No Shows:** I understand and agree I am responsible to call the SCAT office to cancel any reservations I have made for me or my family, one (1) hour before scheduled pick up. I also understand and agree after three (3) No Shows my family and I will lose the United Way funding. I also agree, I will fully pay for any No Show for me or my family.

- If a No Show occurs for the pick-up, the return trip will automatically be canceled.

**Cancellation:** I understand and agree it is my responsibility to cancel reservations at least one (1) hour before the schedule pick up time. If I fail, I understand my failure to call within the one (1) hour, it will count as a No Show.

**School:** I understand and agree I am responsible to schedule and cancel reservations for my family when the school schedule changes for any reason, including: snow, fog, power outage, make up days, etc. If I failed to call SCAT, I understand this will be counted as a No Show.

- SCAT is not responsible to know when my child/children's school schedule changes.

**Polite/Respectful:** I understand and agree my family and I will be respectful when talking to the Dispatchers and Drivers. I understand if I or my family fail to be respectful, I/we will lose United Way funding. If I/we choose to continue to use SCAT, I/we will have to pay for each trip at the time the trip is taken.

**Brochure:** I agree I received a SCAT Brochure.

**Underage Ridership Form:** I have completed both side of the Underage Ridership Form. I understand SCAT will not transport child without this form signed.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



Received: \_\_\_\_\_

Interview Date: \_\_\_\_\_ \$ Fare: \_\_\_\_\_

**OFFICE USE ONLY**

**UNITED WAY APPLICATION**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LIST ALL OTHER MEMBERS OF YOUR HOUSEHOLD	RELATIONSHIP	BIRTH DATE	AGE

LIST EMPLOYMENT FOR ALL HOUSEHOLD MEMBERS	PLACE OF EMPLOYMENT	STARTING DATE	ENDING DATE

	AMOUNT	MONTHLY EXPENSES	AMOUNT
INCOME MONTHLY			
WORK(NET)	\$	RENT/MORTGAGE	\$
WORK(NET)	\$	GAS/FUEL (HEATING)	\$
WORK(NET)	\$	ELECTRIC	\$
UNEMPLOYMENT	\$	WATER/SEWER	\$
WORKERS COMP	\$	TRASH	\$
SOCIAL SECURITY	\$	FOOD	\$
SSI	\$	LOANS/ RENT TO OWN	\$
FOOD STAMPS	\$	CREDIT CARDS	\$
CHILD SUPPORT	\$	CABLE/INTERNET	\$
DISABILITY	\$	PHONE/CELL	\$
RETIREMENT	\$	MEDICAL	\$
CASH EMPLOYMENT	\$	CARE INSURANCE	\$
SAVINGS	\$	CHILD SUPPORT	\$
		CHILD CARE	\$
		FINES	\$
		CAR PAYMENT	\$
		GAS	\$
		TOBACCO/ALCOHOL	\$
		OTHER	\$

**POLICIES**

NO SHOW \_\_\_\_\_  
 CANCELLATION \_\_\_\_\_  
 \*SCHOOL \_\_\_\_\_  
 POLITE/RESPECTFUL \_\_\_\_\_  
 BROCHURE \_\_\_\_\_

**I understand SCAT is not responsible to remind me of my reservation/s or to call me when bus arrives.**

The information that I, \_\_\_\_\_, have given on this form and/ or at an interview is true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**REVISED 6/10/2021  
EXPIRES 7/15/2022**



June 10, 2021

**The United Way Application has changed. Only the new application will be accepted.**

Complete the United Way Application. You **MUST** show all income for **ALL** people residing in your resident, including SSI, Child Support, Alimony, etc.

After the application is completed, sign and return to the SCAT Office. You must call the SCAT Office schedule an interview appointment. SCAT will not call you to schedule appointments. The number to the office is 419-448-7344.

If you need transportation to your appointment, you must inform the dispatcher at the time you are scheduling the appointment.

If you need more United Way applications, please go to our website: [www.senecascats.org](http://www.senecascats.org) and download the form or pick up an application at the SCAT Office 3446 S. Twp. Rd 151, Tiffin, Ohio 44883.

Your completed application will be on file from July 15, 2021 – July 15, 2022.

If you have any questions, please call Mary at the Tiffin SCAT Office: 419-448-7344.