

# Do you need \$\$ for transportation costs?

We have **MONEY** to help **YOU** get where you need to be!



School meetings, doctor's appointments, even just going out as a family for fun... All these things can be tough to do when you don't have reliable transportation.

**GO MONROE** can help! We provide bus passes, accessible transportation via providers like Salas and Uber, and mileage reimbursement. We can also talk about available options if you aren't sure what to do.

This program is open to:

- Monroe County families of young/adult children with developmental disabilities who live with their family, AND
- OPWDD eligibility, AND
- Household income below Federal guidelines.

**CONTACT US TODAY TO LEARN MORE OR APPLY!**

**Call Maritza Cubi at 585-435-5481 or  
email [mcubi@starbridgeinc.org](mailto:mcubi@starbridgeinc.org)**

GO MONROE is a program of



[www.starbridgeinc.org](http://www.starbridgeinc.org)

585-546-1700

Welcome to Starbridge! GO MONROE provides financial support and transportation navigation assistance to eligible families in Monroe County, NY. The program is funded by the NYS Office for People with Developmental Disabilities.

**Before completing the application, please check each box to show that your family meets ALL eligibility criteria (as required by OPWDD):**

- Yes, the individual with a developmental disability lives at home with their family.
- Yes, the family resides in Monroe County, NY.
- Yes, the total family household income does not exceed Federal Poverty Guidelines (see chart below).
- Yes, the individual with a disability has OPWDD eligibility or a Notice of Decision.
- Yes, the individual with a disability DOES NOT have a Self-Directed budget.

If you are unable to check "Yes" to one or more of the above criteria, do not proceed with completing this application. We are unable to support you through GO MONROE. Please contact us to discuss other options and resources that may be of assistance.

### 2021 Federal Income Guidelines (Annual)

Family of One	Family of Two	Family of Three	Family of Four	Family of Five	Family of Six	Family of Seven	Family of Eight
\$23,828	\$32,227	\$40,626	\$49,025	\$57,424	\$65,823	\$74,222	\$82,21

## PARENT/GUARDIAN INFORMATION (REQUIRED)

Your Name		Today's date
Address		
Email address		
Home phone	Mobile phone	The area where I live is: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural
Work phone	Preferred phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	# of people living in your home

## PARENT/GUARDIAN DEMOGRAPHIC INFO

This information is NOT used to determine eligibility

<p><b>Race (check all that apply)</b></p> <p><input type="checkbox"/> Asian American/Asian</p> <p><input type="checkbox"/> Black/African American/African</p> <p><input type="checkbox"/> Middle Eastern</p> <p><input type="checkbox"/> Native American/American Indian/Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> White/Caucasian/European</p> <p><input type="checkbox"/> Self-identify: _____</p> <p><input type="checkbox"/> Prefer not to disclose</p>	<p><b>Ethnicity</b></p> <p><input type="checkbox"/> Hispanic or Latino/a/x</p> <p><input type="checkbox"/> Not Hispanic or Latino/a/x</p> <p><input type="checkbox"/> Prefer not to disclose</p> <p><b>Gender (Self-identify)</b></p> <p style="text-align: center;">_____</p>	<p><b>Education level</b></p> <p><input type="checkbox"/> Some high school</p> <p><input type="checkbox"/> High school graduate</p> <p><input type="checkbox"/> GED</p> <p><input type="checkbox"/> Technical school</p> <p><input type="checkbox"/> Some college</p> <p><input type="checkbox"/> 2-year degree</p> <p><input type="checkbox"/> 4-year degree</p> <p><input type="checkbox"/> Advanced degree</p>
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INFORMATION ABOUT INDIVIDUAL WITH A DISABILITY (REQUIRED)	Name	
	Date of birth:	TABS ID#:
	Disability diagnosis according to OPWDD (check all that apply):	
	<input type="checkbox"/> Intellectual disability <input type="checkbox"/> Autism <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Epilepsy	<input type="checkbox"/> Familial dysautonomia <input type="checkbox"/> Neurological impairment <input type="checkbox"/> Other—please specify: _____
Race (check all that apply):		Ethnicity:
<input type="checkbox"/> Asian American/Asian <input type="checkbox"/> Black/African American/African <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American/American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian/European <input type="checkbox"/> Self-identify: _____ <input type="checkbox"/> Prefer not to disclose		<input type="checkbox"/> Hispanic or Latino/a/x <input type="checkbox"/> Not Hispanic or Latino/a/x <input type="checkbox"/> Prefer not to disclose
		Gender identity: _____
<i>Race/ethnicity and gender are not factors used to determine eligibility.</i>		

REQUIRED INFORMATION	Care Manager Name:	
	Care Coordination Agency:	
	Care Manager Phone:	Care Manager Email:
	<b>REQUIRED DOCUMENTATION:</b> <input type="checkbox"/> Proof of OPWDD eligibility or Notice of Decision <input type="checkbox"/> Names of all members of the household <input type="checkbox"/> Proof of income for all adult (18+) members of the household <b>Applications will not be processed unless accompanied by all required documentation.</b>	

How did you hear about Go Monroe? <input type="checkbox"/> The web <input type="checkbox"/> Friend or family member <input type="checkbox"/> Care manager <input type="checkbox"/> Program flyer <input type="checkbox"/> Another agency: _____ <input type="checkbox"/> Facebook <input type="checkbox"/> Other: _____
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**JUSTIFICATION FOR SUPPORT (REQUIRED)**

How will support from GO MONROE address your family's transportation barriers? Please check the options you want to use:

- RTS/RTS Access                       Medical Motors                       Uber                       Salas Transportation
- Mileage Reimbursement for Rides                       Other:

Provide specific information about how you will use GO MONROE for the following kinds of activities:

EDUCATION:

HEALTH CARE:

COMMUNITY:

SOCIAL/RECREATIONAL:

*In the event that a claim for service is discovered to be fraudulent, Starbridge will investigate the request in question and all documentation provided. In the event that the fraudulent claim is confirmed, the individual/family will be required to pay the amount back to the agency and will be suspended from GO MONROE for a period of time determined by the agency. The recipient may also be subject to legal actions as determined by the agency.*

**I HAVE READ THE STATEMENT ABOVE AND AFFIRM THAT ALL INFORMATION SHARED IN THIS APPLICATION IS TRUE.**

Printed name of Applicant: \_\_\_\_\_

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

<b>FOR STARBRIDGE USE ONLY</b>	
ID # assigned:	Total amount to be awarded:
Approved for:	
<input type="checkbox"/> RTS	<input type="checkbox"/> Uber
<input type="checkbox"/> Medical Motors	<input type="checkbox"/> Salas Transportation
<input type="checkbox"/> Neighbor/friend vehicle	<input type="checkbox"/> Other—please specify: _____

