



YELLOW CAB COMPANY
OF DC INC.
EXPERIENCE - SERVICE - RELIABILITY - COMMITMENT

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Washington DC 20002
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CONNECTORCARD APPLICATION

Last Name:		First Name:		M.I.	
Address:				DOB:	
City/State:	Washington DC	Zip Code:		Ward:	
Email Address:			Phone: No.:		
Emergency Contact:			Phone: No.:		
Marital Status:	___S___M___D	To which gender do you identify?	___Female ___Male		

Please select one of the following statements below:

..I will directly request funds and handle my own accounting	
..I authorize the following person to assist with managing my ConnectorCard account	

Name:	Relationship:	Tel:
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INCOME STATEMENT	Enter Amount	Select Transportation Services Used	Select Transportation Service that best meet your needs
Wages:		Metrobus:	Grocery Store:
Social Security:		Metrorail:	Doctor's Office:
Retirement/Annuity:		Taxicab:	Bank/Financial:
Other:		Ride Share:	Religious:
Total Income		Other:	Restaurant:

REMINDER: You must submit Proof of Age, DC residency and Proof of Income documentation with this application

I understand that the information contained in this enrollment form is confidential and will only be used to determine my eligibility to participate in the ConnectorCard program. I certify that to the best of my knowledge this information is true and correct.

Wellness/Senior:	
Social Function:	
Other:	

Signature:	Date:
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For Office Use Only			Attachments
Date Received:		Reviewed:	
Approved:		Declined:	
Subsidy Amount:		Card No:	