



STAR Program Application

Please complete (*print or type*) the information requested on BOTH SIDES of the STAR application. Bring the completed form, proof of age, current proof of residency, and proof of ADA Paratransit Certification (if applicable) to a registration location.

NAME _____
First Name Middle Initial Last Name

ADDRESS _____
Number and Street Name Apartment or Unit Number

CITY _____ ZIP CODE _____ PHONE NUMBER (____) _____ - _____
Please include Area Code

AGE ____ DATE OF BIRTH __/__/____ E-MAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1 _____
Name Relationship

Phone (____) _____ - _____ Cell Phone/Pager (____) _____ - _____
Please include area code Please include area code

Address _____
Number and Street Name Apt. or Unit No.

City and State

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FOR OFFICE USE ONLY

DATE _____ Card Serial No. _____ ID No. _____

VERIFICATION: ____ Age ____ Residency ____ If under 65, ADA Certification No. _____

AMOUNT PAID: \$ _____ PAID BY: ____ Cash ____ Check (No. _____) ____ Credit Card
Credit Card Type: ____ Discover ____ MasterCard ____ Visa

Need Companion: ____ Yes ____ No STAFF INITIALS _____

STAR Application Continued

Emergency Contact #2 _____

Name

Relationship

Phone (____) ____ - ____
Please include area code

Cell Phone/Pager (____) ____ - ____
Please include area code

Address _____
Number and Street Name Apt. or Unit No.

City and State

Physician's Name _____ Phone (____) ____ - ____
Please include area code



To meet Federal funding requirements answers to the following questions are needed. (Your answers will not affect your eligibility for the STAR Program.)

Please check the appropriate categories. Thank you.

Sex: ___ Male ___ Female

What is your race?

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Black/African-American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Native Alaskan &
Black/African-American |
| <input type="checkbox"/> American Indian/Native Alaskan | <input type="checkbox"/> Other multirace |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |

Are you Hispanic? ___ Yes ___ No

How many members are there in your household? _____

Gross household income is:

- | | |
|--|---|
| <input type="checkbox"/> At or below \$15,850 | <input type="checkbox"/> Over \$42,200 |
| <input type="checkbox"/> Between \$15,850 and \$26,400 | |
| <input type="checkbox"/> Between \$26,400 and \$42,200 | <input type="checkbox"/> Actual income (optional) _____ |



I confirm that the above information is true and correct.

Signature of Applicant