

USE BIKESHARE TRAVEL TO & FROM WORK - SCHOOL JOB TRAINING **FREE!** for qualified participants*



Contact us:
240-777-8380

mcdot.CommuterServices@montgomerycountymd.gov

Return the registration form via email or mail to:
Montgomery County Department of Transportation
COMMUTER SERVICES
101 Monroe Street, 10th Floor
Rockville, Maryland 20850



PROGRAM BENEFITS

- **FREE** membership for one year (\$75 value) on a first-come, first-served basis
- **FREE** bicycle education and safety training at Montgomery College in Rockville
- **FREE** bike helmet and bikeshare key

IT'S EASY TO PARTICIPATE!

1. Contact Commuter Services at (240) 777-8380 or mcdot.CommuterServices@montgomerycountymd.gov
2. Complete a registration form (on other side)
3. Ride a bikeshare bike to connect with transit, work, classes or job training!

Montgomery County Department of Transportation received a grant to provide Capital Bikeshare services **FREE** to low income populations in the County.

The program is designed to improve travel options for low income commuters who are employed in the County or enrolled in job training or educational programs.

Bikeshare trips can provide quick and easy connections between home and transit, and between transit, work, school or job training centers.

Fifty (50) bikeshare stations and 450 bicycles will soon be available at these and other locations:

- At or near the following Metro Stations: Rockville, Shady Grove, Takoma, Silver Spring, Friendship Heights, Bethesda and Medical Center
- Shady Grove Life Sciences Center and Vicinity (including Shady Grove Adventist Hospital, Universities at Shady Grove, Johns Hopkins – Montgomery County campus, and Falls Grove Shopping Center)
- Montgomery College – Rockville and Takoma Park/Silver Spring campuses
- Many other locations in Rockville, Shady Grove, Takoma Park, Silver Spring, Friendship Heights, and Bethesda



**Montgomery County Department of Transportation
JOB ACCESS AND REVERSE COMMUTE (JARC) BIKESHARE PROGRAM**

I am interested in applying for the JARC Bikeshare Program in Montgomery County. I understand that my eligibility for the program must be confirmed and I hereby give permission for review of my financial information by any County agency involved in this program, their contractors, and partner organizations.

I. PERSONAL INFORMATION (Please Print):

Name: _____ No. of family members living with you: _____
 Street Address: _____ Apt. No. _____
 City: _____ State: _____ Zip Code: _____
 Telephone (Home): _____ (Cell): _____ Work/Other Phone: _____
 E-Mail Address: _____

II. EMPLOYMENT/JOB TRAINING/EDUCATION (Please Print)

I am currently **employed**. Proof employment is required: _____

 (provide name, address and telephone number of employer)

I am currently enrolled in a **job training program**. Proof of current enrollment is required.

- ___ Montgomery Works Workforce Training Program (WIA)
- ___ CASA de Maryland Employment Program
- ___ Other job training (such as computer training, real estate, beauty/barber school).
 Name: _____
 Address: _____
 Telephone No. _____

I am currently a **student**. Proof of current enrollment is required: _____
 (provide name of school)

III. INCOME CERTIFICATION

I certify that my family, and/or I, participate in one or more of the following programs for low income residents of Montgomery County or other cities or counties in the Washington metropolitan region. Attach copy of program participation letter, dated within 30 days. Please mark all that apply and add others not listed:

- | | |
|--|---|
| ___ Food Supplement Program (Food Stamps) | ___ Child Care Assistance |
| ___ Temporary Cash Assistance (TCA) | ___ Maryland Primary Adult Care Program (PAC) |
| ___ Family and Children Medical Assistance | ___ Supplementary Security Income (SSI) |
| ___ MCPS Free or Reduced Meals (in schools) | ___ Head Start Program |
| ___ HOC Voucher Program | ___ Rental Assistance |
| ___ Maryland Energy Assistance Program | ___ Latin American Youth Center Program (requires parental permission to participate – ages 16-17 years of age) |
| ___ Electric Universal Service Program | ___ Veteran of Qualifying Income? (yes / no) |
| ___ OR ANY OTHER PROGRAMS that have an income Eligibility requirement (Please list below): | |
- _____

IV. IDENTIFICATION DOCUMENTATION

You will need to submit one of the following as proof of identity to complete enrollment (any of the following is acceptable): Photo ID (i.e., Driver’s license, passport or other identification with a photo); identification showing that you are working for CASA de Maryland’s Employment Program; residency card, or work authorization card.

V. BIKESHARE USAGE

I would like to use the bikesharing program to make the following types of trips † (please check all that apply):

- ___ Home to or from Metro _____ (provide name of station) for purposes of work and/or school, and/or job training
- ___ Home to or from school and/or job training
- ___ Home to or from work or job training
- ___ Metro _____ (provide name of station) to or from work
- ___ Metro _____ (provide name of station) to or from job training location

I anticipate using the bikeshare program at these times (please circle all that apply – this can be changed later)

Between ___ am & ___ am Between ___ am & ___ pm Between ___ pm & ___ pm

VI. SPECIAL CONSIDERATION

Special consideration will be given on a case by case basis to any individual with proof of need. Please contact Montgomery County Commuter Services at (240) 777-8380 or mcdot.commuterservices@montgomerycountymd.gov.

VII. PERMISSION TO VERIFY INFORMATION PROVIDED

I have attached all documentation as indicated and hereby provide Montgomery County’s Department of Transportation JARC Bikeshare Program permission to verify information I have provided for purposes of participation in this program. I understand that Montgomery County reserves the right to deny participation in this program to anyone who falsifies information or does not meet eligibility requirements, or on the basis of funding availability for this program.

Signed: _____ Date: _____

VIII. CAPITAL BIKESHARE MEMBERSHIP NOTICE: Participants in the JARC bikeshare program receive free Capital Bikeshare (CaBi) Membership for one year. All participants are required to sign a CaBi Membership Agreement.

FOR STAFF USE ONLY:

Confirmed by (Agency Name): _____ Address: _____

Phone: _____ Email: _____

Confirmation by (Name of person signing): _____ Phone: _____

Email: _____