



Mail to:  
 King County Metro  
 KSC-TR-0102  
 201 S Jackson St  
 Seattle, WA 98104-3854



## Orca LIFT Card Application and Consent

PLEASE PRINT

Name (FIRST, LAST):			Date of Birth:		
Address:					
City			Zip		
Contact Phone:			Email:		
Contact preference: Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/>			May we leave a message: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Race(optional):		Primary Language:			
Household Gross Monthly Income(Before Taxes): \$			Number of people in Household: (example self, spouse, children—Not roommates)		
Would you like Public Health to contact you to help you apply for Apple Health or EBT? Yes <input type="checkbox"/> No <input type="checkbox"/>					

**If you receive any of the following benefits you qualify for LIFT: (Only one is needed)**

Are you on Washington Apple Health, Basic Food (EBT Card), or TANF? Yes  No

Please provide your ProviderOne Number, DSHS Client ID, OR EBT Card Number **below**

**If you are not receiving any of these benefits, please provide proof of income.**

- Examples of proof we can accept:
- Pay Stubs (Last 30days)
  - Most Recent Tax Return (accepted for self-employed only)
  - Unemployment Award Letter
  - Labor & Industries Award Letter
  - SSI/Retirement Award Letter
  - SSI/Retirement Award Letter

### ORCA LIFT CARDHOLDER CONSENT

I agree to and provided the following information:

- My first/last name and date of birth
- My mailing address
- My contact information
- My income documentation -or
- I give my express permission to access my Medicaid enrollment through Provider One, or insurance enrollment through Washington HealthPlanFinder or for DSHS to disclose my enrollment status in Basic Food.

I understand that by providing the above information I was verified as eligible for King County Metro Transit's reduced ORCA LIFT fare program, and that, except as required by law, King County may use and/or retain portions of this personal information for low income fare verification purposes ONLY.

I also understand that my low income reduced fare ORCA card is only for my use and may not be given or sold to anyone else.

Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY:

LIFT Card Number: \_\_\_\_\_ LIFT ID: \_\_\_\_\_  
 Provider One Number: \_\_\_\_\_ WHPF App ID: \_\_\_\_\_ Client ID: \_\_\_\_\_