



Lifeline Transit Pass Program

What is the Lifeline Transit Pass Program? Low-income Shasta County residents are able to get RABA 2-Hour, 24-Hour, 7-Day, 31-Day General passes, Express passes, Demand Response paratransit passes and ShastaConnect passes at half price (50% off) by filling out an application and providing proof that income does not go over the guidelines set by United States Department of Health and Human Services Poverty Guidelines, latest edition.

2025 POVERTY GUIDELINES*	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8**	\$54,150

*[Federal Register notice for 2025 Poverty Guidelines](#)

** For families/households with more than 8 persons, add \$4,480 for each additional person.

Interested Shasta County residents:

- Get an application from the following locations:
 - RABA Downtown Terminal, 1530 Yuba Street, Redding, CA 96001
 - RABA Maintenance Facility, 3333 South Market Street, Redding, CA 96001
 - Online at www.RABAride.com
- If you have questions, please call RABA's Mobility Manager at (530) 245-7076 or email RABA@RABAride.com
- Once approved, the Mobility Manager will send an approval letter and pass in the mail. Expect a seven-business day turnaround time. Pass details are available at www.RABAride.com or by calling (530) 241-2877.

Participation in this grant-funded program is contingent on funding availability and may be discontinued without notice. Yearly re-certification is required.

RABA Lifeline Transit Pass Application Checklist

☐ Complete the Application

☐ Provide proof of residence in Shasta County – Google Maps will be used to validate your Shasta County residence. Acceptable documentation:

- Utility Bill
- State ID or Driver's License
- Tax Assessor Bill
- Rental Agreement
- Social Security Supplemental Letter

☐ Please provide one of the following valid photo IDs for all individuals:

- Driver's license
- State ID Card
- Passport
- Government-issued ID Card
- School ID Card

☐ Please provide current evidence of total household income, including the number of individuals in household and documentation of all sources of income from each individual listed on the application. Documentation includes, but is not limited to:

- Award letter and/or printed statement showing valid dates of benefits from the California Department of Social Services for SNAP (Cal Fresh) benefits
- Award letter and/or printed statement showing valid dates of benefits from the Employment Development Department (EDD) for Unemployment benefits
- W-2 form
- Paycheck stub(s) dated within the last 30 days
- Social security award letter
- Supplemental Security income
- State Supplemental payment
- Veterans Affairs benefits
- Worker's Compensation
- Federal tax return

☐ Bring completed application, proof of income and valid photo ID to RABA Downtown Passenger Terminal, 1530 Yuba Street, Redding, CA 96001 or email to RABA@RABAride.com.

Terms and Conditions:

1. RABA reserves the right to verify the information provided on the application form.
2. Applications will remain confidential in accordance with applicable State and Federal Law.

RABA Lifeline Transit Pass Application

1. Personal Information *(Please print or type)*

Last Name

First Name

Middle Initial

Place of Residence:

☐ Personal Residence

☐ Shelter: _____

☐ Halfway House: _____

☐ Other (Please specify) _____

Address: _____ Apt _____

City: _____ State: _____ Zip code: _____

Phone Number _____ Email: _____

Birthdate: ____/____/____
Month Day Year

2. Valid Photo ID

One valid photo ID is required for all individuals over the age of 15 who are applying for the Lifeline Transit Pass Program. Check which form of ID you are providing. If there are more than four applicants, please complete **Addendum A**.

Primary Applicant:

☐ Driver's License ☐ State ID Card ☐ Passport ☐ Government-issued ID ☐ School ID Card

Additional applicants:

Name: _____ Name: _____ Name: _____

☐ Driver's License

☐ Driver's License

☐ Driver's License

☐ State ID Card

☐ State ID Card

☐ State ID Card

☐ Passport

☐ Passport

☐ Passport

☐ Government-issued ID

☐ Government-issued ID

☐ Government-issued ID

☐ School ID Card

☐ School ID Card

☐ School ID Card

☐ Under age 15 (no ID required) *

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* Applicant must prove they support this child, with child's name printed on a Federal Tax Return, SNAP Agreement, or other government document.

FOR RABA USE ONLY

Date App Received:

Received By (Print Full Name & Sign):

Date App Reviewed:

Reviewed By (Print Full Name & Sign):

Date Card Issued:

ID Card#:

RABA Lifeline Transit Pass Application

3. Household Information

Print the name of everyone that lives with you. Explain his/her relationship to you (for example: son, roommate) and provide date of birth.

Name	Relationship	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

4. Employment Information

Do you, or anyone you are applying for, receive or expect to receive money from work? ☐ Yes ☐ No

This includes all income, wages, salaries, tips or commissions from any type of work, whether full or part-time, temporary, seasonal, self-employment, or training.

Complete **Worksheet 1** for all employment income.

5. Other Income Information

Do you, or anyone you are applying for, receive or expect to receive money from any of the following?

☐ No ☐ Yes (check all that apply)

☐ Child Support

☐ Stocks/bonds/money market
accounts/COs/trust funds

☐ Bank/checking/savings/credit
union accounts

☐ Disability

☐ Social Security/SSI

☐ Scholarships, grants/loans

☐ Unemployment

☐ Retirement/Pension

☐ Any government checks

☐ Gifts/Loans

☐ Worker's Compensation/Industrial

☐ Other _____

Do you, or anyone you are applying for receive money from any other source not listed above? ☐ No ☐ Yes

If Yes, please list: _____

Complete **Worksheet 1** if you marked any of the above.

Total Monthly Household Income for applicant and everyone you are applying for. Add the total from the Worksheet to obtain the Total Monthly Household Income.

Total from Worksheet 1: \$ _____

Total from Worksheet 2: \$ _____

Total Monthly Household Income: \$ _____

6. Statement of Truth

I agree that the statements made about persons in my home, income, assets, property and all other information that relates to my eligibility for benefits is true and correct to the best of my knowledge, and that I have no withheld any information. Permission is hereby granted to Authorized Agent to contact any sources necessary to establish the accuracy of information given by me or other information that pertains to the verification of my eligibility to receive reduced fares based on my income. I understand that my application will be denied if the information provided is found to be untrue. The signature below certifies that all information relative to eligibility is correct.

Applicant's Signature: _____ Date: ____/____/____

Worksheets

Worksheet 1 – Employment Income Verification

A	B	C	D	E	F	G
Person Working	Employer	Employer's Phone Number	Hourly Pay	Hours Per Week	Weekly Income (Multiply Column D by Column E)	Monthly Income (Multiply Column F by 4)

Total Monthly Employment Income (Total all amounts in Column G): \$

Worksheet 2 – Other Income Information

A	B	C	D	E
Person Receiving Money	Source	Amount Received	How Often Received	Amount Received Monthly

Total Monthly Other Income (Total all amounts in Column E): \$

Addendum A – Additional Applicants

Name of Primary Applicant: _____

Additional Applicants:

Name: _____

- ☐ Driver's License
- ☐ State ID Card
- ☐ Passport
- ☐ Government-issued ID
- ☐ School ID Card
- ☐ Under age 15 (no ID required) *

Name: _____

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Addendum A – Additional Applicants

[illegible]