



**PARTNER ORGANIZATION APPLICATION: RIPTA Low-Income Program / 2025**

Does your organization support low-income clients who are experiencing housing insecurity or are at risk of homelessness? RIPTA is seeking partners to jointly fund transportation for these riders. To participate in this program, please answer the questions below and submit this application to [lowincomeprogram@ripta.com](mailto:lowincomeprogram@ripta.com).

RIPTA will accept applications from community-based organizations, state agencies, and collaborative partnerships on a rolling basis. If selected, the lead organization will have access to discounted RIPTA fare products through a new institutional Wave account. Simply link your clients' plastic or virtual Wave cards to your Wave account and add monthly passes, day passes, and single ride QR codes with the 50% discount automatically applied.

Any questions? Email [lowincomeprogram@ripta.com](mailto:lowincomeprogram@ripta.com) or call (401) 784-9500 x1283.

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Name of organization: \_\_\_\_\_

Primary contact name and title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please answer the following questions on both sides of the page:

1. How does your organization/partnership serve low-income Rhode Islanders who are facing housing insecurity?

2. Does your organization already manage an institutional Wave account to fund RIPTA trips? \_\_\_\_\_

3. Describe your clients who would benefit from this program. How many people do you anticipate enrolling?

Note: They should be low-income, facing housing insecurity, and not eligible for permanent transportation benefit programs such as RIPTA's Reduced Fare Bus Pass Program for Low-Income Seniors and People with Disabilities.

4. Please explain the step-by-step process you will use to qualify participants to receive discounted fare products through this program. How will you ensure that only eligible low-income recipients will participate?

Note: You may allow clients to self-report their income or housing status, or you may request verification such as Medicaid eligibility, proof of Supplemental Nutrition Assistance Program (SNAP) benefits, or other documents.

5. How many discounted fare products do you anticipate purchasing each month? Note: This is just an estimate for planning purposes and may change as needed.

# \_\_\_\_\_ monthly passes # \_\_\_\_\_ day passes