



The Porter County Health Department Free Bike Program is to help provide a means of transportation to those who do not have a way to get to school, work or medical appointments. To be eligible, applicants must be:

- A Porter County resident
- 15 years and older (those under 18 will need a guardian present when picking up the bike and equipment)
- Household income at or below 150% FPL
- Not already in possession of a bicycle
- Facing a higher mobility hardship

If approved:

- Recipients will be given safety information and resources needed to safely travel in Porter County and to keep the bike working for years to come.
- Recipients will be required to sign Release and Waiver Liability upon receipt of the bike
- Recipients will be matched with the appropriately sized bike based on the height specified on the application.
- Recipient will return the bicycle to the Porter County Health Department if it is no longer needed.

Applications can be picked up in person at the Porter County Health Department, found on our website under Health First Indiana or can be emailed to you. Completed applications should be submitted in person to the Porter County Health Department or by email to carrie.honeycutt@porterco.org. All applications are reviewed by a committee for approval; completion and submission of an application is not a guarantee to receive a bicycle.

If you have any questions, please email carrie.honeycutt@porterco.org or call (219) 510-9042



Date application rcvd: _____

Bicycle # if approved: _____

Porter County Health Department Bicycle Program Application

Please print clearly

Name (first & last):			
Address (street, city, state, zip):			
Phone #:		Email:	
Age:			
Height (for bike fit/sizing):		Weight (for bike fit/sizing):	
Gender (for bike fit/sizing):	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Referred by (organization):			

If under 18 years, please list parent/guardian name and contact information:

Parent/Guardian Name:	Phone #:
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General Qualification Information

(Information may be used for statistical purposes)

Are you homeless or living in transitional housing?	<input type="checkbox"/> Homeless <input type="checkbox"/> Staying w/friend <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Other: _____
Annual household income: <i>(best estimate)</i>	
Household size: (How many people your income supports; include yourself & children)	
Sources of Income (check all that apply):	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> SS (Social Security) <input type="checkbox"/> SSI (Social Supplemental Income) <input type="checkbox"/> SSDI (Social Security Disability Income) <input type="checkbox"/> TANF <input type="checkbox"/> Trustee Assistance <input type="checkbox"/> No source of income <input type="checkbox"/> Other: _____
Do you participate in any of the following programs?	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> Probation <input type="checkbox"/> Work Release
Which forms of transportation do you currently use (check all that apply):	<input type="checkbox"/> Own a car <input type="checkbox"/> Bus/public transportation <input type="checkbox"/> Bicycle <input type="checkbox"/> Ride from family/friends <input type="checkbox"/> Walk <input type="checkbox"/> Other: _____
How would you use your free bicycle? <i>(use back if more space is needed)</i>	
Is there anything else you would like to tell us about? <i>(use back if more space is needed)</i>	
Race: <i>(not required & for statistical purposes)</i>	<input type="checkbox"/> Prefer not to answer <input type="checkbox"/> African American <input type="checkbox"/> American Indiana/Native American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____

Instructions: The Porter County Health Department free bike program will provide a bicycle, helmet and lock to you free of charge if your application is approved.

Signature: _____ Date: _____