



### WHAT TO DO:

- If applying for Transportation Disadvantaged (TD) based on age (60 or older) and unable to transport yourself or to purchase transportation:**
  - Complete Parts 1, 2, 3, and 5.**
  - Attach a copy of any identification** with date of birth.

### OR

- If applying for TD due to medical reasons and unable to transport yourself or to purchase transportation:**
  - Complete **Parts 1, 2, 3, 4, 5, and 7.**
  - Read and sign **Applicant's Authorization in Part 7**, providing the applicant's authorized signature to release medical information.
  - A currently Licensed Professional** completes the rest of **Part 7**. See page 8 for a list of applicable professionals.

### OR

- If applying for TD due to a total gross annual household income at or below 125% of the Federal Poverty Level and unable to transport yourself or to purchase transportation:**
  - Complete Parts 1, 2, 3, 5, and 6.**
  - Attach proof of income. Please send copies** as proof of income will not be returned.

**Acceptable forms of proof of income include current copies of:**

- First page of your tax return
- Unemployment Compensation Income Verification
- DCF Benefit Letter
- Social Security Income Verification or Proof of Income Letter (includes SSI and SSDI)
- Minimum of (2) most recent pay stubs
- Retirement/Pension Statement (includes VA)

**If no one in your household has income, you must attach proof of Food Stamp eligibility or a signed letter on agency letterhead verifying that you have no income.**

- **Incomplete forms will be returned; failure to completely fill out this application will delay your eligibility process.**
- **The evaluation process normally takes up to maximum of three (3) weeks or 21 days** from the receipt of the completed forms.
- If you have any questions please call Christy Davis (941) 833-6242.
- **WHEN COMPLETED, PLEASE RETURN THIS FORM TO:**

**Charlotte County Transit Division**  
**Attn: Christy Davis**  
**545 Theresa Blvd.**  
**Port Charlotte, FL 33954**



## **CHARLOTTE COUNTY TRANSIT TRANSPORTATION DISADVANTAGED APPLICATION Effective July 1, 2017**

Charlotte County Transit includes transportation mandated by the Florida Commission for the Transportation Disadvantaged (TD). “Transportation disadvantaged” means “those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk” as defined in s. 411.202 per F.S. 427.

Please read the TD program qualifications and guidelines below. If you have any questions or need assistance, please call Christy Davis 941-833-6242. If by 21 days following the submission of a complete application, Charlotte County Transit has not made a determination of eligibility, the applicant shall be treated as eligible and provided service until and unless Charlotte County Transit denies the application. If you are denied TD eligibility and wish to appeal the decision, you may contact our office. The Transportation Disadvantaged Ombudsman helpline is: 1-(800)-983-2435.

Please print out the TD application from our website [www.charlottecountyfl.gov](http://www.charlottecountyfl.gov) or call 941-833-6242

### **Transportation Disadvantaged Grant Qualifications and Guidelines:**

- Origin and destination locations can be anywhere in Charlotte County.
- No other funding is available to pay for the requested trip.
- Applicant must verify that they have one or more of the following:
  - Age 60 or older; or
  - A recognized disability (temporary or permanent) verified by an accepted medical professional; or
  - Applicant must verify that their gross annual household income does not exceed 125% of the Department of Health and Human Services poverty guidelines (Table I, page 7).
- Applicant must verify that they are unable to transport themselves or to purchase transportation.
- Due to the availability of program funds, trips may be denied based on trip purpose. Trip priorities are ranked in descending order as follows: individual medical trips, group trips for groceries and congregate dining, trips for employment purposes, trips for adult education, social and non-essential shopping.
- Call 941-575-4000 to schedule appointments Monday through Friday 7:00 AM to 4:00 PM.
- TD Fare: \$1.00.



## PART 1: GENERAL INFORMATION

**PLEASE PRINT CLEARLY OR TYPE**

→ Complete every three (3) Years ←

Name:	Date:
-------	-------

Street Address:

Apartment/ Building #:

City:	State:	Zip Code:
-------	--------	-----------

Telephone # (Daytime):	Telephone # (Evening):
------------------------	------------------------

Date of Birth:	Social Security #:
----------------	--------------------

*Charlotte County Transit collects your Social Security number for the following purposes: identification, verification, as a unique identifier and for search purposes.*

Are you participating in any of the following reduced bus fare programs?  OAA    Medicaid  
 Charlotte County Transit TD

Primary Language:    English    Spanish    Other:

1. Do you have a valid driver's license?    YES    NO

2. Do you have access to a vehicle?    YES    NO

If YES, why are you unable to use the vehicle? \_\_\_\_\_

**If someone assisted you in completing this form and you would like them to also be informed of decisions regarding your eligibility, please provide us with that person's name, address, and phone number below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Emergency Contact

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

Relationship to Applicant: \_\_\_\_\_



## PART 2: APPLICANT'S CERTIFICATION

I understand the purpose of this evaluation form is to determine if I am eligible for Transportation Disadvantaged. I understand that the information about my disability and income contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false and misleading information could result in my eligibility status being reexamined as well as other actions by Charlotte County Transit.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

## PART 3: QUESTIONS ABOUT APPLICANT'S MOBILITY

1. Please check below if you use any of the following mobility aids or equipment and answer the additional questions that apply to your type of aid or equipment.

- Cane     Walker     Manual Wheelchair     Power Wheelchair     Power Scooter/Cart
- Oxygen CO2     Other: \_\_\_\_\_     I do not use aids or equipment.

2. If you use a mobility aid, please indicate below the size and weight:

- Is your wheelchair/scooter/cart more than 48" long?     YES     NO
- Is your wheelchair/scooter/cart more than 30" wide?     YES     NO
- Is your weight plus the weight of your wheelchair/scooter/cart more than 600 pounds?  
 YES     NO

\*\*\*NOTE: Charlotte County Transit may not be able to accommodate you if your wheelchair, scooter, or cart is longer than 48 inches or wider than 30 inches or if your total weight with your wheelchair is more than 600 pounds.

3. Can you get on and off a bus that has a lift?

- YES
- NO →
- SOMETIMES →
- I don't know because I have never tried

<b><u>Please check all that apply:</u></b>
<input type="checkbox"/> My mobility aid will not fit on the lift
<input type="checkbox"/> I cannot steady myself when the lift is moving
<input type="checkbox"/> I do not feel secure on the lift
<input type="checkbox"/> Other: _____

4. Once inside a bus, can you get to a seat or wheelchair position by yourself?

- YES
- NO →
- SOMETIMES →

<b><u>Please check all that apply:</u></b>
<input type="checkbox"/> I need someone to help me <input type="checkbox"/> I have trouble finding a seat
<input type="checkbox"/> I have a balance problem <input type="checkbox"/> I cannot hold onto the handrails
<input type="checkbox"/> I need the seat nearest the door <input type="checkbox"/> Other: _____



5. If you use a mobility aid, is your residence accessible (entrance, ramp, paved walkway, etc.)?

- YES
- NO → List the barriers: \_\_\_\_\_

6. Can you climb 3-12 inch steps without assistance?  YES  NO

7. Can you ambulate or operate a wheelchair up a ramp without assistance?  YES  NO

### PART 4: INFORMATION ABOUT THE APPLICANT'S DISABILITY

1. What type or types of disabilities do you have?

- Physical Disability
- Visual Impairment/Blindness
- Developmental Disability
- Mental Illness
- Other
- None

Please describe your disability in more detail: \_\_\_\_\_  
\_\_\_\_\_

2. Is the disability temporary or permanent?

- TEMPORARY DISABILITY. I expect it to last for another \_\_\_\_\_ months.
- PERMANENT DISABILITY.
- I don't know.

3. Do you use a service animal? If yes, please describe the type of animal.

- YES → Type of animal: \_\_\_\_\_
- NO

4. Do you travel with a Personal Care Attendant (PCA) who assists you with daily life functions? (Someone you need all or some of the time to assist you. A companion or guest is not considered a PCA).

- YES, always →
- YES, sometimes →
- NO

<b>I need assistance with (check all that apply):</b>	
<input type="checkbox"/> Mobility	<input type="checkbox"/> Reading

### PART 5: CURRENT TRAVEL INFORMATION

1. Please list two (2) of your most frequent trips and how you get there now.

1. Destination: \_\_\_\_\_  
How do you get there now?  Car  Bus  Van/Taxi  Other \_\_\_\_\_

2. Destination: \_\_\_\_\_  
How do you get there now?  Car  Bus  Van/Taxi  Other \_\_\_\_\_

2. What other means of transportation are available for you to use? \_\_\_\_\_  
\_\_\_\_\_



## PART 6: HOUSEHOLD INCOME

1. Including all parents, caregivers, relatives, or others involved in your living functions, how many people reside at the address provided in Part I? \_\_\_\_\_
2. How many vehicles are in your household? \_\_\_\_\_
3. Including all wages, disability payments, Social Security payments, pensions, dividends, investments, etc., what is your total gross annual household income? Attach proof of income for you and all members of your household to this completed application. **Please provide copies as proof, they will not be returned.**

- **Acceptable forms of proof of income include current copies of:** the first page of your tax return, Unemployment Compensation Income Verification, DCF Benefit Letter, Social Security Income Verification or Proof of Income Letter (includes SSI and SSDI), minimum of (2) most recent pay stubs, Retirement/Pension Statement (includes VA) and Food Stamp eligibility.

Tax Return \_\_\_\_\_ W2 \_\_\_\_\_ SSI \_\_\_\_\_ SSDI \_\_\_\_\_

Pension \_\_\_\_\_ Interest/Dividends \_\_\_\_\_ Work Comp \_\_\_\_\_

Relatives \_\_\_\_\_ Other \_\_\_\_\_

4. Is your total gross annual household income at or below the 125% of the Federal Health and Human Services Guidelines for low household income? (See Table I, below)  
 YES     NO

**Table I: 125% of the Department of Health and Human Services Poverty Guidelines 2021**

The following totals represent 125% of the Federal Health and Human Services Guidelines for low household income. To qualify for the TD transportation program, household income may not exceed these guidelines.

Household/ Family Size	125%
1	\$16,100
2	\$21,775
3	\$27,450
4	\$33,125
5	\$38,800
6	\$44,475
7	\$50,150
8	\$55,825

*Guidelines are updated Annually*



## PART 7: PROFESSIONAL VERIFICATION

**NOTE: This part must be completed by one of the following currently licensed professionals before returning the application to our office:** Physician (M.D. or D.O. or D.C.), Audiologist, Psychologist, Ophthalmologist, Registered Nurse, Clinical Social Worker, Independent Living Specialist, Occupational Therapist, Psychiatrist, Physical Therapist, or Rehabilitation Specialist.

### APPLICANT'S AUTHORIZATION

I hereby authorize the following named professional to provide information about my disability and abilities to travel to Charlotte County Transit and/or persons assisting Charlotte County Transit to determine my eligibility for Transportation Disadvantaged. I understand that this information will be used solely for the purpose of determining my eligibility for Transportation Disadvantaged and that all medical information about my disability will be kept confidential.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Medical Professional,

**In order to process this applicant's request for Charlotte County Transit Transportation Disadvantaged eligibility, we require this form to be completed.**

*Please review the information provided by the applicant in Parts 1 - 5 of this application and answer the following questions in Part 7. (For Licensed Professional Only)*

*Thank you in advance.*

**1. Has the applicant been diagnosed with a cognitive, mental, physical or other disability? Please list disabilities.**

\_\_\_\_\_

**2. The applicant's disability is**

PERMANENT

TEMPORARY..... Expected duration? Years \_\_\_\_\_ Months \_\_\_\_\_

**3. Does the applicant require the assistance of a Personal Care Attendant (PCA) or Escort when traveling on a public vehicle?**

YES       NO

### MEDICAL PROFESSIONAL

Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Name and Title: \_\_\_\_\_

State of Florida or Other State if applicable (      ) License No.: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### CHARLOTTE COUNTY TRANSIT OFFICE USE ONLY

Applicant Approved       Applicant Denied

updated 2/3/2022