



# **Charlotte County Transit Transportation Disadvantaged Application**

**Updated 12/06/2024**

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-enhancing 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 941-833-6233. If by 21 days following the submission of a completed application, Charlotte County Transit has not determined 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.

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

- Origin and destination locations must be within the service area of Charlotte County
- 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 6)
- Call 941-575-4000 Option 1 to schedule a reservation Monday through Friday 7:00 AM to 5:30 PM



### **Eligibility Criteria (Select One)**

☐ 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 valid 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, 5, and 6.
- Read and sign Applicant's Authorization in Part 6, providing the applicant's authorized signature to release medical information.
- A currently Licensed Professional completes the rest of Part 6. See page 6 for a list of applicable professionals.
- Attach a copy of valid identification with date of birth.

### **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, 4, and 5.
- Attach a copy of valid identification with date of birth.
- 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: (Note: You only need to provide one)
  - 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)
  - Two 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 determination

➤ The evaluation process normally takes up to maximum of ten (10) business days from the receipt of the completed forms.

➤ If you have any questions, please call 941-833-6233

➤ Please return completed form and required documents via mail to:

Charlotte County Transit Division, 545 Theresa Blvd., Port Charlotte, FL 33954



## 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:	Email:	
Are you enrolled in the Medicaid program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		
1. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Do you have access to a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, why are you unable to use the vehicle? _____		
3. Do you travel with a Personal Care Attendant (PCA) who assists you?		
<input type="checkbox"/> Yes, always		
<input type="checkbox"/> Yes, sometimes		
<input type="checkbox"/> No		
If someone assisted you in completing this form and you would like them to also be informed of decisions regarding your eligibility, please provide the following:		
Name: _____ Relationship: _____		
Address: _____		
City: _____ State: _____ Zip Code: _____		
Telephone: _____		

### **Emergency Contact**

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

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

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

### **CHARLOTTE COUNTY TRANSIT OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Approval Date: \_\_\_\_\_ Expires On: \_\_\_\_\_ ☐ New Registration ☐ Renewal

Reviewed By: \_\_\_\_\_

Approved for TD Services: ☐ Age ☐ Disability ☐ Income

Reason for Denial: \_\_\_\_\_

Updated 12/06/2024

## Part 2: Questions About Applicant's Mobility

☐ I do not use mobility aids or equipment listed below and can climb three 12-inch steps without assistance (Skip to section 3)

---

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

☐ Portable Oxygen CO2 ☐ Other: \_\_\_\_\_

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

- Is your wheelchair/scooter more than 48" long? ☐ Yes ☐ No
- Is your wheelchair/scooter more than 30" wide? ☐ Yes ☐ No
- Is your weight plus the weight of your wheelchair/scooter more than 800 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 800 pounds.*

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

- ☐ Yes  
☐ No  
☐ Sometimes  
☐ I don't know because I have never tried

If you answered no or sometimes, please explain: \_\_\_\_\_

---

3. Once inside a bus, can you transfer to a seat by yourself?

- ☐ Yes  
☐ No  
☐ Sometimes

If you answered no or sometimes, please explain: \_\_\_\_\_

---

### PART 3: Disability Status

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

- ☐ Physical Disability ☐ Visual Impairment/Blindness ☐ Developmental Disability  
☐ Mental Health Condition ☐ 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

*Remainder of Page Left Intentionally Blank*

## PART 4: Household Income

Including all parents, caregivers, relatives, or others involved in your living functions, how many people reside at the address provided in Part I? \_\_\_\_\_

How many vehicles are in your household? \_\_\_\_\_

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 most recent 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 \_\_\_\_\_

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 2024 The following totals represent 125% of the Federal Health and Human Services Guidelines for low household income and are updated annually. To qualify for the TD transportation program, household income may not exceed these guidelines:

Household/ Family Size	125%
1	\$18,825
2	\$25,550
3	\$32,275
4	\$39,000
5	\$45,752
6	\$52,450
7	\$59,175
8	\$65,900

Add \$6,725 for each person over 8

## PART 5: 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 6: Medical 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 6. (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

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

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

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

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

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