Charlotte County Transportation Services Request

Please fill out this form accurately and completely. Completion of this form does not guarantee transportation services will be provided. The eligibility criteria vary by program.

Please print clearly.

→ **Annual Application Required** ←

•*Name:*			•*Date:*
•*Address:*			
•*Phone #:*	•*Date of Birth:*	•*Social Security Number:*	•*Medicaid ID:*

•*Please list any physical disabilities:*

•*Please check one:* □ *I am able to walk with/without assistive device.*
□ *I use a wheelchair or scooter.*

•*Do you have a car?* □Yes □ No	*Do you drive?* □ Yes □ No
•*Does anyone in your household own a car?* □ Yes □ No	

•*How are you getting to your desired destinations now?*

•*How many people are in your household?* _____

Check the income information that best describes your household's 'gross' income:

	$ 0 - $ 14,363		$ 14,364 - $ 19,388
	$ 19,389 - $ 24,413		$ 24,414 - $ 29,438
	$ 29,439 - $ 34,463		$ 34,464 - $ 39,488
	$ 39,489 - $ 44,513		$ 44,514 - $ 49,538

Income is money you receive. Income sources may include; social security and/or supplemental security income, pension, interest income from investments, regular monetary gifts, or employment.

•*What type of transportation are you seeking? Please check all that apply:*

	Group Grocery Shopping (10 – 15 passengers)		*VA Hospital Vet Van*
	Group Congregate Dining		*Mental Health Group*
	Medical Trips (Bus or Wheelchair)		*Cultural Center*
	Other: (Specify)		*Other: (Specify)*

Applicant or Guardian Signature: _____ Date: _____

Mail application to: **Transit Supervisor / Transportation Application**
25490 Airport Road, Punta Gorda, FL 33950

••••For Department Use Only•••

Approval: Fund Prio		OAA 1 – 2 – 3		CCE 1 – 2 – 3		TDC 1 – 2 – 3		Other (specify) 1 – 2 - 3

Department Staff Signature & Date	Transit Staff Signature & Date

Revised 05/2013