

Board of County Commissioners Department of Community Services Transit Services

1300 S. Lecanto Hwy Lecanto, FL 34461 PH 352-527-7630 FAX 352-527-7635

Application for Transportation Disadvantaged

This application form must be completed to receive transportation services thru the State Transportation Disadvantaged Fund. If multiple people in household, there should be one application for each person.

Please complete the following application to receive a reduced rate based on an income level of <u>150% of Poverty (\$1,823)</u> or less per month, age 60 and above, Medicare or Disabled. The fare is \$3.00 each way for Paratransit Services or free on the Orange Line (Transfers \$1.00). Children twelve (12) and under ride for FREE.

Name of Applicant:			Phor	Phone:			
Home Add	dress:						
Mailing Ad	ddress (if different):						
Medicaid # (if applicable):				Age: DOB:			
Disabled (VA / SS): Yes No				Below Income: Yes No			
Type of Mobility Device:				All devices must have brakes / footrests attached			
clai Acc Pas	icial documentation MUS iming NO income or Zero eeptable forms of age or possport, etc. Minimum of (2) irement/Pension Statement	o income must als roof of income for a most recent payst	so provide ve ge 18 or olde ubs, Social S	erifying doc er: State of ecurity Incor	<u>uments.</u> f Florida is ne (SSA/S	ssued ID card, SSI/SSD) letter,	
	Income Source:	Pay Stub	SSA / SSI	Retirement	Other:	Other:	
	Amount:						
	Total Monthly Income					\$	
itrus Cou	nt all information included on the interior of		s true and co	rrect and tha	it any chai	nges will be repo	
<u>PPROVA</u>	AL <u>DENIAL</u>	REASON	I FOR DENIA	4 <i>L</i>			
Employee Signature		Date:	: Supervisor Signature			Date:	