Board of County Commissioners
Department of Community Services
Transit Services
1300 S. Lecanto Hwy PH 352-527-7630
Lecanto, FL 34461 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 $1,200 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: | Phone: |
| Home Address: | |
| Mailing Address (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 |

***Official documentation MUST be provided to verify age, identity and all income. Any applicant claiming NO income or Zero income must also provide verifying documents.***

*Acceptable forms of age or proof of income for age 18 or older: State of Florida issued ID card, Passport, etc. Minimum of (2) most recent paystubs, Social Security Income (SSA/SSI/SSD) letter, Retirement/Pension Statement, DCF Cash Benefit/Child Support Letter. Medicare / Medicaid card.*

| Income Source: | Pay Stub | SSA / SSI | Retirement | Other: | Other: |
|---|---|---|---|---|---|
| Amount: | | | | | |
| Total Monthly Income | | | | | $ |

*I attest that all information included on this application is true and correct and that any changes will be reported to Citrus County Transit as they occur.*

_____

*Applicant Signature* *Date:*

***APPROVAL*** _____ ***DENIAL*** _____ ***REASON FOR DENIAL*** _____

_____ _____

Employee Signature Date: Supervisor Signature Date: