VOTERS

Levy County Transit

APPLICATION FOR TD NON-SPONSORED TRANSPORTATION SERVICES

The Transportation Disadvantaged Commission was created under Florida Statute 41-2 and allows funding for transportation disadvantaged individuals.

Disadvantaged individuals do not have access to private transportation, public transportation, or paratransit under another funding source and qualify with a minimum of (1) of the listed disability, age, income, or transportation accessibility. Transportation provided under this funding source is limited to the Levy County Service Area. It provides public transportation in accessible vehicles to limited destinations and is based on availability of funds and requires a mandatory copayment.

Application must be complete when submitted. Incomplete applications will cause delays in eligibility approval, and will be placed back in the mail for completion. If assistance is needed for completing the application, please call the office at 352-486-3485. Mail or deliver completed application to: Levy County Transit, 970 East Hathaway Avenue, Bronson, Florida 32621

Name:		
Last	First	Middle
Physical Address:		Apt. #
Mailing Address If Different:		
City:		Zip Code:
Phone:	Cell Phone:	TDD: (If applicable)
		(If applicable)
Social Security#:	Date of Birth:	Gender: Male Female
Emergency contact: Name: _		Phone:
Directions to home:		
Do you or a member of yo	our household have a	valid driver's license? □ Yes □ No
Do you or a member of yo		
If you own a vehicle are yo	u able to use it for medi	cal and general purposes? Yes No

Do you live in an ACLF, skilled nursing facility, retirement home, or boarding home							
that provides transportation? Yes No							
Check below how have you traveled to your doctor's office, grocery store, etc., prior to now?							
\square Automobile \square by bus \square by car \square with friend/family \square other transit system							
☐ Levy County Transit (diff funding) ☐ other- explain							
Do you currently require mobility aids? If so check the appropriate ones.							
□ Manual Wheelchair □ Electric Wheelchair □ Electric Scooter							
☐ Service Animal ☐ Walker ☐ Cane ☐ Crutches ☐ Stretcher							
□ other- please explain							
Are you receiving dialysis or oncology treatment outside of home? □ Yes □ No							
List days of the week: Escort required? ☐ Yes ☐ No							
Facility name and address							
Physician Name:							
Current appointment times: from to, note that days and times may require adjusting to meet the demands and availability on the system to allow efficient scheduling.							
Can you travel without assistance? ☐ Yes ☐ No							
Can you ambulate (walk) without assistance? ☐ Yes ☐ No							
Can you recognize destinations or landmarks? \square Yes \square No							
Can you provide an address or telephone number upon request? \square Yes \square No							
Can you ask for, understand and follow directions without assistance? Yes No No							
Can you handle unexpected situations and changes in your routine? \Box Yes \Box No							
Number of persons in household: Total household income:							
List all persons in household start with applicant:							
Name DOB SS# Income							
If more space is needed put on back of this page							

Levy County Transit

PLEASE READ PRIOR TO COMPLETING THIS SECTION:

I understand by my signature below, that the purpose of this application is to determine if I am Eligible to travel under (TD) funding and may be asked further information. I certify that I have been truthful in answering all questions and that my answers may be verified, and I have enclosed proof of income for verification.

Signature:	Date					
PLEASE READ PRIOR TO COMPL	ETING THIS SECTION	1				
If applicant is able to sign their r following: PLEASE READ PRIOR TO COMPL		•	ng the application	, provide the		
Name	Phone nu	 umber	nber Relation			
Signature						
Name	ild of yours, you must Papers, etc.)		your authority to s			
Relationship to applicant:			_ How long:			
I certify that, to best of my know	rledge, the information	n given is correct.				
Signature:		D	oate:			
(Parent or Legal I am the applicant's Legal Gua	Guardian of Applicant rdian and have enclos		gal documentation	ı.		
Please review application, n your ability and signed the fo		e completed all neo	cessary informa	ntion to the best of		
Levy County Transit has the righ safety of passengers, the general p	_	•	aff or dispatch dee	ms it necessary for the		
All services are open to the general	public.					
The information obtained Levy County Transit to de			fidential and is	only used by		
For Office use only						
ApprovedDenied	_ Reason for denial:			Date		
Supervisors Initials Trip Lin						
Space type:	Escort:	PCA:	Other _			