

Levy County Transit

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?

Automobile by bus by car with friend/family 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? Yes No

Can you provide an address or telephone number upon request? Yes No

Can you ask for, understand and follow directions without assistance? Yes No

Can you maneuver safely in crowded area and buildings with multiple floors? Yes No

Can you handle unexpected situations and changes in your routine? Yes No

Number of persons in household: _____ **Total household income:** _____

List all persons in household start with applicant:

<u>Name</u>	<u>DOB</u>	<u>SS#</u>	<u>Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 COMPLETING THIS SECTION:

If applicant is able to sign their name and only required assistance completing the application, provide the following:

PLEASE READ PRIOR TO COMPLETING THIS SECTION:

Name Phone number Relationship to applicant

Signature

If applicant is unable to complete or sign application, you must complete the section below.
If the applicant is not a minor child of yours, you must enclose evidence of your authority to sign for the applicant (Power of Attorney, Guardianship Papers, etc.)

Name Day Phone: (_____) _____

Evening Phone: (_____) _____

Address

Relationship to applicant: _____ How long: _____

I certify that, to best of my knowledge, the information given is correct.

Signature: _____ Date: _____
(Parent or Legal Guardian of Applicant)

I am the applicant's Legal Guardian and have enclosed the appropriate legal documentation.

Please review application, make sure you have completed all necessary information to the best of your ability and signed the form.

Levy County Transit has the right to refuse transport any time the driver, staff or dispatch deems it necessary for the safety of passengers, the general public, driver, or vehicle.

All services are open to the general public.

The information obtained through this application process is confidential and is only used by Levy County Transit to determine eligibility for services.

For Office use only

Approved _____ Denied _____ Reason for denial: _____ Date _____

Supervisors Initials _____ Trip Limitations: _____ Date Applicant notified: _____ # Children _____

Space type: _____ Escort: _____ PCA: _____ Other _____