



**Transportation Disadvantaged (TD)  
Application Review Working Group Meeting  
September 1, 2020; 1:00 p.m.**

**PUBLIC ACCESS:** To join the meeting from your computer, tablet or smartphone, and for dial-in instructions, please use this link:  
<https://metroplanorlando.org/meetings/td-application-review-working-group-08-19-20/2020-09-01/>

**PANELIST ACCESS:** To join the meeting from your computer, tablet or smartphone, please use the personalized invitation sent to you via email from “MetroPlan Orlando.” Reminders will be sent up to one hour prior to the meeting. When connecting be sure that your name is accurately displayed.

*This meeting is being hosted by MetroPlan Orlando using the Zoom webinar platform. Our offices are closed to the public in response to the COVID-19 pandemic, however members of the public may access this virtual meeting and participate via the Zoom link above, or by dialing in. The agenda is available at MetroPlanOrlando.org in the Calendar section. New to Zoom? You can get the app ahead of time and be ready for the meeting. Visit Zoom.us.*

**AGENDA**

1. Welcome
2. Call to Order – Ms. Crystal Ford, Working Group Chair
3. Highlights of Previous meeting (Info Only) Tab 1
4. Peer Review Discussion
  - Florida Public Transportation Disadvantaged Research Tab 2
  - JTA Combination of Introduction and Application Tab 3
  - PSTA research, PSTA Application, PSTA TD Recertification Tab 4
  - Broward County Combination of Introduction and TD Application Tab 5
  - Palm Tran Connection Summary of Services and TD Application Tab 6
5. Public Comments
6. Adjournment

Public participation is conducted without regard to race, color, national origin, sex, age, disability, religion, or family status. Persons wishing to express concerns, who require special assistance under the Americans with Disabilities Act, or who require language services (free of charge) should contact MetroPlan Orlando by phone at (407) 481-5672 or by email at [info@metroplanorlando.org](mailto:info@metroplanorlando.org) at least three business days prior to the event.

La participación pública se lleva a cabo sin distinción de raza, color, origen nacional, sexo, edad, discapacidad, religión o estado familiar. Las personas que deseen expresar inquietudes, que requieran asistencia especial bajo la Ley de Americanos con Discapacidad (ADA) o que requieran servicios de traducción (sin cargo) deben ponerse en contacto con MetroPlan Orlando por teléfono (407) 481-5672 (marcar 0) o por correo electrónico [info@metroplanorlando.org](mailto:info@metroplanorlando.org) por lo menos tres días antes del evento.

**TAB 1**





### **August 25, 2020 Meeting Highlights**

1. Ms. Nanette Stephens welcomed the members of the working group and everyone introduced themselves.
2. Ms. Crystal Ford was selected as the Chairperson for the TD Application Review Working Group.
3. Ms. Stephens reviewed timeline for the month of September and noted that the new applications will be implemented in January 2021.
4. Ms. Stephens reviewed the purpose and requested outcome of the Working Group which is to create a separate application for the TD program.
5. The members of the Working Group discussed the current TD criteria, an overview of criteria to be used moving forward, and how criteria will impact future TDSP changes.
6. Topics that will be discussed at the September 1<sup>st</sup> meeting: The members of the Working Group will be asked to decide what criteria they want to use, and discuss the pros and cons of other TD programs within the state of Florida.
7. The City of Jacksonville was added to the TD research.
8. No public comments were received.
9. The meeting adjourned at 1:45 p.m.

Respectfully submitted,  
Nanette Stephens  
ACCESS LYNX

**TAB 2**





# FIXED ROUTE/PARATRANSIT SEARCH INFORMATION



Maria E Numpe – Fanny Grullon

05/16/2019

**Bus Service**

<b>County</b>	<b>Bus Service</b>	<b>Fare</b>	<b>Hours of Operation</b>
<b>Polk</b>	<b>Citrus Connection</b> West County Routes = 14 routes East County Routes = 12 routes	Adults:1.50 Students: 1.25 - 0.75	6 days of week      Sunday: route 30 only Weekday 0615 am - 715 pm Saturday 0715 am - 615 pm
<b>Lake</b>	<b>LakeXpress</b> 7 fixed routes Connects with Orange county: 4 - Zellwood, 50 - Clermont	\$1 and 1/2 fare (qualifying individuals)	Monday through Friday from 6:00 a.m. to 8:00 p.m
<b>Palm Beach</b>	32 Routes	\$2 and \$1	* M - F: 430 AM - 1030 PM * Saturday: 620 AM - 10 PM * Sunday: 0821 AM - 730 PM
<b>Hillsborough</b>	HART covers an area of approximately 1000 sq. miles (roughly the size of Rhode Island) with a fleet of almost 200 buses. 26 routes	\$2 and \$1	From 4:30 AM until midnight.
<b>Miami-Dade Transportation</b>	45 Approx.	Metrobus Fare - \$2.25 Discount Fare - \$1.10	24 hours

## Paratransit Service

County	Paratransit	Fare	Hours of Operation	Programs	
				ADA	TD
Polk	Citrus Connection is the Community Transportation Coordinator (CTC) for Polk County. This special program provides subsidized or reduced-price bus passes. We also provide door-to-door service to physically, mentally, emotionally or economically disadvantaged individuals.	\$2	Paratransit operates six (6) days a week and its hours are comparable to fixed route service. Pick up time: no before 7 AM – no later than 6 PM	Available for persons with disabilities who are unable to ride the fixed route buses. <ul style="list-style-type: none"> <li>* ¼ miles from the bus route (no express or rural)</li> <li>* No Functional assessment is performed</li> <li>* Reservation can be made up to 10 days in advance – 1 day prior (business days)</li> <li>* Eligibility: 3 years maximum</li> </ul>	This special program provides free or reduced-price bus passes to physically, mentally, emotionally or economically disadvantaged individuals. * Age, medical and financial * Out county: for example: Osceola, Orange, Tampa o Osceola: Tuesday – Thursday (2 days a week) – Medical verification – 9 am – 12 o Tampa: Veterans * Reservation can be made up to 14 days in advance – 3 days prior * Eligibility: 1 year * Prioritized: Medical (first), included critical care trips, Employment, Recreational, Shopping.
Lake	Lake County Connection is Lake County's shared ride, door-to-door, paratransit service for people whose disability or transportation disadvantaged status prevents them from using LakeXpress.	\$2 Lake County \$5 Orlando \$10 Gainesville	M – F: 7 AM – 7 PM. Saturday: dialysis trips	1. Have a disability as defined by the ADA AND 2. Be unable, as a result of this disability, to use fixed-route LakeXpress transit services. <ul style="list-style-type: none"> <li>• Within ¼ miles from the bus route only</li> <li>• No Functional assessment is performed</li> <li>• Reservation can be made up to 14 days in advance – 1 day prior (business days)</li> <li>• Eligibility: 2 years maximum</li> </ul>	Meet the eligibility requirements in accordance with the Florida State Transportation Disadvantaged (TD) as directed by the Commission for Transportation Disadvantaged. <ul style="list-style-type: none"> <li>• Out of the ¼ miles from the bus route – covers the whole county</li> <li>• Out county: Orlando and Gainesville - Medical (location verification)</li> <li>• Reservation can be made up to 14 days in advance – 48 hours prior</li> <li>• Eligibility: 2 years maximum.</li> </ul>
Palm Beach	Palm Tran Connection travels in Palm Beach County from Jupiter to Boca Raton and from Palm Beach to South Bay. The Americans with Disabilities Act (ADA) core service area covers the following: East of the Florida Turnpike in Palm Beach County from the South County Line to Donald Ross Road. ADA Service continues to the 3/4-mile buffer around fixed routes located outside the ADA core service area	\$3.50	M – F: 5 AM – 1010 PM. Saturday: 6 AM – 1010 PM Sunday: 8 AM – 6 PM	ADA Program is transportation that is provided within 3/4 of a mile of a Palm Tran bus route during the same hours and days as Palm Tran fixed route bus service. To become eligible for ADA service, an individual must have a disability which prevents them from riding the fixed route bus service. <ul style="list-style-type: none"> <li>• No Functional assessment is performed</li> <li>• Reservation can be made up to 7 days in advance – 1 day prior (business days)</li> <li>• Eligibility: 2 years and long term life eligibility</li> </ul>	TD Program is sponsored by the State of Florida Transportation Disadvantaged Trust Fund. Service is provided anywhere in Palm Beach County during the same hours and days as Palm Tran fixed route bus service. To become eligible for TD service, the applicant must submit proof of income, or a physician completed medical verification form and their completed application. <ul style="list-style-type: none"> <li>• Out of the ¼ miles from the bus route – covers the whole county</li> <li>• Out county: No – Transfer points</li> <li>• Reservation can be made up to 7 days in advance – 1 hours prior</li> <li>• Eligibility: 1 years maximum.</li> </ul>
Hillsborough	HARTPLUS PARATRANSIT: This service is transportation for people with disabilities. Persons are eligible for this service if they have physical, cognitive, emotional, visual or other disabilities that prevent them from using HART fixed route bus system, either permanently or under certain conditions.	\$4.00	The paratransit service hours are the same of the fixed bus schedule (The bus operation system runs from 4:30 AM until midnight)	If the person can no use the regular bus service because of their disability. Only provide paratransit service within ¼ miles of the local fixed bus routes. Eligibility/ expiration not applicable  <b>HARTplus SERVICE AREA</b> Federal regulations define the ADA paratransit service area as being within 3/4 of a mile on either side of a local bus route. Express service is not included in the paratransit service area.	• TD is not available.
Miami-Dade Transportation	Special Transportation Service (STS) is a shared-ride public transportation service of Miami-Dade County in compliance with the complementary paratransit service provisions of the Americans with Disabilities Act (ADA) of 1990. STS offers door-to-door transportation service from the main entrance of pick up to the main entrance of drop-off locations.	\$3.50	The service operates 24 hours a day, 7 days a week and can be used throughout Miami-Dade County for work, school, shopping, recreation and medical appointments.	<ul style="list-style-type: none"> <li>o Miami-Dade County residents whose physical or mental disability prevents them from using accessible public transportation (Metrobus, Metrorail, or Metromover) independently.</li> <li>o Miami-Dade County residents with temporary disabilities are eligible for STS during the period of their disability.</li> <li>o People with disabilities from out-of-town that are presumed eligible under ADA jurisdiction.</li> </ul>	• TD is not available.

## Polk County

### CitrusConnection

Public transit in Polk County is provided by the Lakeland Area Mass Transit District, operating as Citrus Connection, which includes all public transportation within the county, including Winter Haven Area Transit, rural routes servicing Bartow, Ft. Meade and Frostproof, as well as all paratransit service. For years, public transit was made up as three agencies operating independently of each other, creating some challenges for riders who want to utilize the transit system throughout the county.

Service is currently provided six (6) days a week with Route 30 in Winter Haven now running Sundays as well. Bus routes will take you all around Lakeland, to Winter Haven, Bartow, Auburndale, Haines City, etc.

### West County Routes:



#### **Route #1**

Florida Avenue Corridor

#### **Route #3**

Lakeland Hills Corridor

#### **Route #10**

Circulator

#### **Route #12**

Lakeland/Winter Haven

#### **Route #14**

Combee/Edgewood

#### **Route #15**

Kathleen/Providence/Harden

#### **Route #22XL**

Bartow Express to Lakeland

#### **Route #33**

South Florida/Carter Rd. Flex

#### **Route #39**

Bradley Flex

#### **Route #45**

George Jenkins-Swindell



**Route #46**

10th/Wabash/Ariana

**Route #47**

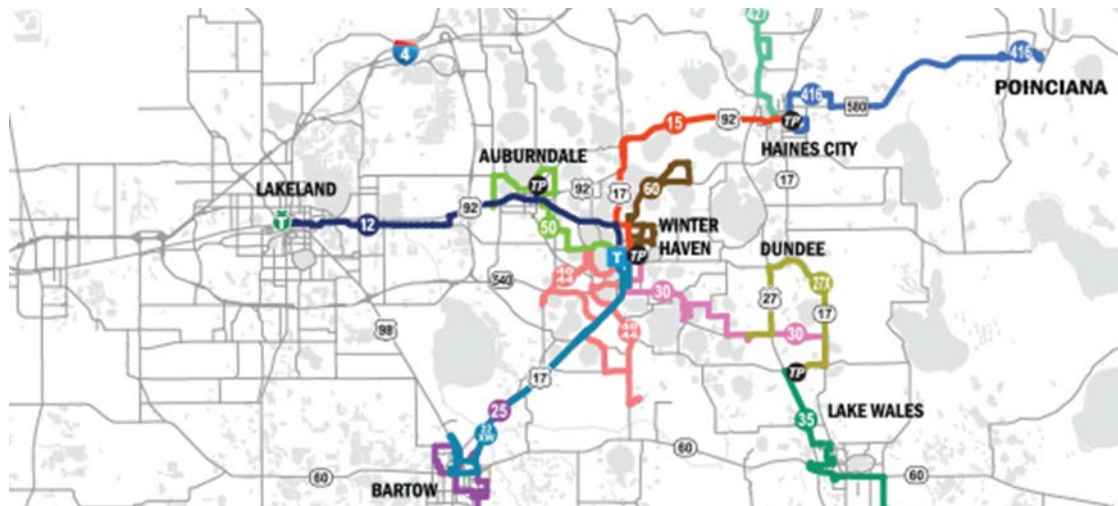
Duff Road Shuttle

**Route #58**

College Connector

**Route #61**

US 98N / Banana Road

**East County Routes:****Route #12**

Lakeland / Winter Haven

**Route #15**

Winter Haven / Haines City

**Route #22XW**

Winter Haven / Bartow

**Route #25**

Bartow / Fort Meade

**Route #27X**

Dundee / Eagle Ridge Mall

**Route #30**

Legoland

**Route #35**

Lake Wales / Babson Park / South County Jail

**Route #40/44**

Winter Haven Southside

**Route #50**

Auburndale

**Route #60**

Winter Haven Northeast

**Route #416**

Poinciana / Haines City

**Route #427**

U.S. 27 / Haines City

**When is bus service available?**

Weekday hours of operation are 6:15 AM to 7:15 PM. Saturday hours are 7:15 AM to 6:15 PM.

Per customer service representative: Hour of operations from 06:15 AM – 06:15 PM – Each route has different hours

**Fares:****CASH FARES****ADULTS**

\$1.50

**STUDENTS+**

\$1.25

**SENIORS+**

\$0.75

**DISABLED+**

\$0.75

**ADA****PARATRANSIT**

\$2.00

**ADA****FIXED ROUTE+**

FREE

**CHILDREN\***

FREE

\*7 and under when accompanied by adult.

+Fares available to students, seniors (65 or older) and disabled presenting proof or the Citrus Connection ID Badge.

**Paratransit**

Citrus Connection is the Community Transportation Coordinator (CTC) for Polk County. This special program provides subsidized or reduced-price bus passes. We also provide door-to-door service to physically, mentally, emotionally or economically disadvantaged individuals.

## **AMERICANS WITH DISABILITIES (ADA) ACT TRANSPORTATION SERVICES**

Paratransit service operated by Citrus Connection provides transportation throughout the FIXED Route Service Area and beyond and is available for persons with disabilities who are unable to ride the fixed route buses. ADA/Paratransit is a shared ride service providing transportation throughout our area. There are no restrictions on the purpose or number of ADA service trips you may take, except that you share the ride with others traveling at the same time in the same direction. Every bus carries ADA certified lift-equipment and our

operators are available to provide boarding assistance. A one-way fare is \$2. Out of Town Visitors with current ADA eligibility can access our ADA Service temporarily for 21 days within a 365-day period.

In compliance with the **Americans with Disabilities Act (ADA)**, Citrus Connection paratransit is our call ahead, door-to-door service for those who are unable to use our regular service. This specialized fleet of small, wheelchair lift-equipped buses is currently available to senior citizens and people with disabilities throughout Polk County. A one-way fare is \$2.

## TRANSPORTATION DISADVANTAGED PROGRAM

Citrus Connection is the Community Transportation Coordinator (CTC). This special program provides free or reduced-price bus passes to physically, mentally, emotionally or economically disadvantaged individuals. The Transportation Disadvantaged Program is a coordinated state-wide effort which groups riders together for a shared ride service. Transportation services are available in all 67 Florida counties for those who are eligible and have no access to transportation. Federal, State and Local agencies join together to provide necessary transportation to medical appointments, employment, educational and other life sustaining services.

### Transportation Disadvantaged Program

Citrus Connection is the Community Transportation Coordinator (CTC). This special program provides free or reduced-price bus passes to physically, mentally, emotionally or economically disadvantaged individuals

Video: “ADA Program is designed for citizens with medical disabilities preventing them from riding fixed-route services all, or some of the time. Medical recommendation is require. Complimentary service provides transportation to areas within ¼ of a mile of any non-express Citrus Connection route. Those who do not meet the criteria for the ADA Program, can apply for the Paratransit Transportation Disadvantaged (TD) Program. No medical recommendation is necessary, however a financial assessment is required in order to determine trip costs. TD provides transportation to areas greater than ¼ of a mile away from any fixed Citrus Connection bus route.

**Citrus Connection - ADA/TD**  
 Financial Eligibility Scale  
 Based on NET DISPOSABLE Income

1-Person Household Per Month	2-Person Household Per Month	3-Person Household Per Month	4-Person Household Per Month	Fare/Co-Pay Each One-Way Trip
Below \$750	Below \$1,000	Below \$1,200	Below \$1,400	\$2.00
\$1,000	\$1,200	\$1,400	\$1,600	*25% of Trip Cost
\$1,200	\$1,400	\$1,600	\$2,000	*50% of Trip Cost
\$1,400	\$1,600	\$2,000	\$2,400	*75% of Trip Cost
\$1,800	\$2,200	\$2,400	\$2,800	*100% of Trip Cost

\*Trips qualified for any co-pay amount over the minimum \$2.00 must have payment arrangements made directly at the office of Polk County Transit Services.

## TIMES & ADA FARES

Paratransit operates six (6) days a week and its hours are comparable to fixed route service. Paratransit reservations are taken from 8 AM to 5 PM weekdays and Saturday 8 AM to 4 PM. There is no ADA service on Sundays or on the following holidays: New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving and Christmas.

An approved Personal Care Attendant (PCA) rides for free. The need for a PCA must be indicated on your application for ADA services and is subject to approval. One companion may travel with you if requested at time of scheduling and when there is availability of space. The companion's fee will also be \$2 each way and must be paid for with a pre-purchased pass.

### **Per customer service Daniel / 863-534-5500 -- (05/14/2019 at 0337 PM):**

- Pick up time: no before 7 AM – no later than 6 PM.

#### 1. ADA:

- ¾ miles from the bus route (no express or rural)
- No Functional assessment is performed
- Reservation can be made up to 10 days in advance – 1 day prior (business days)
- Eligibility: 3 years maximum

#### 2. TD:

- Age, medical and financial
- Out county: for example: Osceola, Orange, Tampa
  - Osceola: Tuesday – Thursday (2 days a week) – Medical verification – 9 am – 12
  - Tampa: Veterans
- Reservation can be made up to 14 days in advance – 3 days prior
- Eligibility: 1 year
- Prioritized: Medical (first), included critical care trips, Employment, Recreational, Shopping.

**Source:** <http://ridecitrus.com/bus-systems/paratransit/>

## **Lake County**

### **Fixed Route:**

LakeXpress is a fixed route system that provides public transit service throughout Lake County on a regular "fixed" schedule at designated bus stops.

LakeXpress operates Monday through Friday from 6:00 a.m. to 8:00 p.m. Buses do not run on Saturdays, Sundays and the following federal holidays: New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

**LakeXpress** – Lake County's fixed-route bus service provides public transportation in two areas of the county. In the northern portion of the county, services are provided along the U.S. Highway 441 corridor, including the municipalities of Eustis, Fruitland Park, Lady Lake, Leesburg, Mount Dora, Tavares and Umatilla. Service also connects to Orange County via LYNX in Zellwood. Additionally, fixed-route service is provided in South Lake County along State Road 50 with connection to Orange County via LYNX Link 105 in Winter Garden. For more information about LakeXpress call 352-742-1940 or visit [www.ridelakexpress.com](http://www.ridelakexpress.com).

## **Schedules**

### **Route 1**

*Leesburg to Eustis*

### **Route 1A**

*The Villages to Leesburg*

### **Route 2**

*City of Leesburg*

### **Route 3**

*City of Mount Dora*

# Route 4

Altoona to Zellwood



**Southbound | Route 4**  
Altoona to Zellwood

Stop	1	4	7	8	9	10
Altoona Post Office (Start/End)	7:11	7:16	7:31	7:38	7:50	8:00
Umatilla City Hall (Transfer to 156 Comm 2)	11:11	11:16	11:31	11:38	11:50	12:00
Umatilla City Hall (Transfer to 156 Comm 2)	3:11	3:16	3:31	3:38	3:50	4:00
Umatilla City Hall (Transfer to 156 Comm 2)	5:16	5:21	5:31	5:38	5:50	6:00

**Northbound | Route 4**  
Zellwood to Altoona

Stop	10	9	8	7	6	5	4	3	2	1
Anthony House (Start/End)	8:03	8:26	8:28	8:44	8:49	8:51	8:54	9:05	9:09	9:09
Umatilla City Hall (Transfer to 156 Comm 2)	10:03	10:26	10:38	10:44	10:44	10:54	10:57	10:59	10:59	11:09
Umatilla City Hall (Transfer to 156 Comm 2)	12:03	12:26	12:38	12:44	12:49	12:51	12:54	1:05	1:09	1:09
Umatilla City Hall (Transfer to 156 Comm 2)	2:03	2:26	2:38	2:44	2:54	2:57	2:59	3:09	3:09	3:09
Umatilla City Hall (Transfer to 156 Comm 2)	4:03	4:26	4:38	4:44	4:49	4:51	4:54	5:05	5:09	5:09
Umatilla City Hall (Transfer to 156 Comm 2)	6:03	6:26	6:38	6:44	6:54	6:57	6:59	7:09	7:09	7:09

Buses run Monday through Friday. Check individual routes for specific start and end times. Buses do not run on Saturdays, Sundays, and federal holidays. PM times are shown in bold. Not all stops are listed on the route maps and schedules. If your stop is not listed, use the time of the stop before yours to estimate when the bus will arrive.

■ Southbound ■ Northbound  
●●● Southbound Alternate ●●● Northbound Alternate

**X** This symbol indicates transfer area. (Refer to schedule for transfer details)

**+** LakeXpress Buses will not wait at Anthony House for Lynx Link 44 to arrive.

# Route 50 East

Clermont to Winter Garden

# Route 50 West

Mascotte to Clermont

## ROUTE 50 EAST

Clermont to Winter Garden



**Eastbound | Route 50 East Loop**  
Clermont to Winter Garden

Stop	1	2	3	4	5
Clermont Park & Ride (Transfer to 156 Loop)	5:35	5:41	5:44	5:49	5:56
South Lake Hospital (Transfer to 156 Loop)	6:25	6:41	6:44	6:49	6:56
Target - Lake Sumter State College (Transfer to 156 Loop)	8:35	8:41	8:44	8:49	8:56
Target - Lake Sumter State College (Transfer to 156 Loop)	9:35	9:41	9:44	9:49	9:56
Target - Lake Sumter State College (Transfer to 156 Loop)	10:35	10:41	10:44	10:49	10:56
Target - Lake Sumter State College (Transfer to 156 Loop)	11:35	11:41	11:44	11:49	11:56
Target - Lake Sumter State College (Transfer to 156 Loop)	12:35	12:41	12:44	12:49	12:56
Target - Lake Sumter State College (Transfer to 156 Loop)	1:35	1:41	1:44	1:49	1:56
Target - Lake Sumter State College (Transfer to 156 Loop)	2:35	2:41	2:44	2:49	2:56
Target - Lake Sumter State College (Transfer to 156 Loop)	3:35	3:41	3:44	3:49	3:56
Target - Lake Sumter State College (Transfer to 156 Loop)	4:35	4:41	4:44	4:49	4:56
Target - Lake Sumter State College (Transfer to 156 Loop)	5:35	5:41	5:44	5:49	5:56
Target - Lake Sumter State College (Transfer to 156 Loop)	6:35	6:41	6:44	6:49	6:56
Target - Lake Sumter State College (Transfer to 156 Loop)	7:35	7:41	7:44	7:49	7:56

**Westbound | Route 50 East Loop**  
Winter Garden to Clermont

Stop	6	4	3	2	1
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	5:59	6:06	6:09	6:13	6:21
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	6:29	7:06	7:09	7:13	7:21
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	7:59	8:06	8:09	8:13	8:21
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	8:59	9:06	9:09	9:13	9:21
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	9:59	10:06	10:09	10:13	10:21
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	10:59	11:06	11:09	11:13	11:21
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	11:59	12:06	12:09	12:13	12:21
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	12:59	1:06	1:09	1:13	1:21
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	1:59	2:06	2:09	2:13	2:21
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	2:59	3:06	3:09	3:13	3:21
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	3:59	4:06	4:09	4:13	4:21
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	4:59	5:06	5:09	5:13	5:21
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	5:59	6:06	6:09	6:13	6:21
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	6:59	7:06	7:09	7:13	7:21
Winter Garden Regional Shopping Center (Transfer to 156 Loop)	7:59	8:06	8:09	8:13	8:21



Buses run Monday through Friday. Check individual routes for specific start and end times. Buses do not run on Saturdays, Sundays, and federal holidays. PM times are shown in bold. Not all stops are listed on the route maps and schedules. If your stop is not listed, use the time of the stop before yours to estimate when the bus will arrive.

■ Eastbound ■ Westbound

**X** This symbol indicates transfer area. (Refer to schedule for transfer details)

**Fares:**

The LakeXpress bus fare is \$1 for a one-way trip, with half price fares available for qualifying individuals.

**Paratransit:**

Lake County Connection is Lake County's shared ride, door-to-door, paratransit service for people whose disability or transportation disadvantaged status prevents them from using LakeXpress.

**Eligibility Requirements**

Lake County Connection is a limited share program. To be eligible for Lake County Connection service, customers must:

1. Have a disability as defined by the ADA

AND

2. Be unable, as a result of this disability, to use fixed-route LakeXpress transit services.

OR

3. Meet the eligibility requirements in accordance with the Florida State Transportation Disadvantaged (TD) as directed by the Commission for Transportation Disadvantaged.

**Per Application information****ELIGIBILITY CRITERIA****ADA QUALIFICATIONS AND GUIDELINES**

- ❖ Origin and destination locations must be within the ADA Corridor. The ADA Corridor is defined as a service corridor that extends three-quarters (3/4) of a mile on either side of the LakeXpress (LX) fixed route bus service.
- ❖ Applicant must have a recognized disability verified by an acceptable medical professional that prevents the applicant from independently using the LX bus service all the time, temporarily, or only under certain circumstances.
- ❖ Disability alone does not guarantee eligibility. The eligibility is based on the individual's functional ability to use the LX bus service and is not a medical or psychiatric decision.
- ❖ The ADA certification process may involve a telephone interview and/or a personal functional assessment to determine if and how the applicant's transit needs can be met.
- ❖ ADA trips are available during the same hours, days and locations of the LX bus service.
- ❖ Medical Verification form must be completed by a Medical Professional for ADA service.
- ❖ Fare is \$2.00 each way.

### **TRANSPORTATION DISADVANTAGED (TD) QUALIFICATIONS AND GUIDELINES**

- ❖ Origin and destination locations can be anywhere in Lake County.
- ❖ Disability alone does not guarantee eligibility. The eligibility is based on the individual's functional ability to use LX bus service and not a medical decision.
- ❖ In order to determine that applicants meet the programs eligibility criteria for TD, the applicant must first have no other means of transportation available to them and meet at least one of the following criteria:
  - Applicant is age 60 or older; **or**
  - Have a recognized disability verified by an acceptable medical professional; **or**
  - Applicants annual gross household income does not exceed 200% of the Department of Health and Human Services poverty guidelines (<https://aspe.hhs.gov/poverty-guidelines>); **or**
  - Applicant does not live within ¾ of a mile from the LX fixed route bus service.
- ❖ Completing this application does not automatically certify the applicant for TD service.
- ❖ Due to the availability of program funds, trips may be denied based on trip purpose. Trip priorities are ranked in descending order as follows: critical medical trips, other medical trips, nutritional, employment, educational and life sustaining.
- ❖ Proof of Household Income is required (SSI, SSDI, Pension or Bank Statement(s), etc.).
- ❖ TD trips are available Monday through Friday. Saturday services are provided for dialysis only. Transportation services are not provided on Sunday.
- ❖ Out of County TD trips are provided to Gainesville on Monday, Wednesday and Friday only. Orlando trips are provided Tuesday and Thursday only.
- ❖ Fare for trips within Lake County is \$2.00 each way. Fare for trips to Gainesville is \$10.00 each way. Fare for trips to Orlando is \$5.00 each way.

Revision date: August 16, 2018

3 of 14

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,420 for each additional person.	
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

From:

Lake County Transportation Disadvantaged Service Plan.

[http://www.lakesumtermo.com/pdfs/tdsp/lake\\_tdsp\\_june\\_2017.pdf](http://www.lakesumtermo.com/pdfs/tdsp/lake_tdsp_june_2017.pdf)



## **2. Accessing Transportation Disadvantaged Services**

There is a two-day (48-hour) advance reservation requirement for Transportation Disadvantaged trips, although same-day urgent care service will be accepted if vehicles and drivers are available. Other service will be considered depending on the nature of the request and the availability of a vehicle and driver.

Transportation services are available only for residents of Lake County, unless an agreement exists between another Community Transportation Coordinator (CTC).

Customer Service Representatives (CSR) have been instructed to listen to every request, discuss with the passenger the circumstances, and make a decision to accept or deny the reservation. If the reservation time is unavailable, an alternate day or time is offered. The CTC may authorize a trip outside these perimeters when extraordinary situations arise.

### **a. Eligibility**

Transportation services are available to anyone who meets the qualifications of the respective sponsoring agency. Medicaid Beneficiaries must contact their Medicaid Representative to request the information for their Medicaid Broker transportation provider. Transportation Disadvantaged services are based upon Chapter 427 and meeting the Federal Poverty Guideline as adopted by the County, unless the client qualifies for transportation under the Mary Bennett Rule.

- The Mary Bennet Rule allows persons receiving dialysis treatment, as well as those with long-term medical condition such as cancer treatments, heart conditions, diabetes, neuropathy, etc. that require on-going treatment to qualify for services regardless of their income.

Public-pay passengers pay the same fares as the sponsoring agencies. Applicants who are able to use LakeXpress or have other means of transportation service will not be approved to use Lake County Connections unless they meet an exception under the eligibility application.

This program is intended for those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk as defined in s. 411.202.

The Transportation Disadvantaged Program is a funding source of last resort. If a client is receiving funding from another agency such as Agency for Persons with Disabilities (APD) Medicaid Waiver Program or on a waiting list, then the client would have to utilize the Medicaid Waiver Program funding for transportation services. However, if a developmentally disabled client is not on any other program, they may request utilization of Transportation Disadvantaged Program funding through the eligibility application process.

All persons will be required to complete an Eligibility Application bi-annually and must provide all of the required information, including verification of income. If a person provides false or misleading information they will be denied services. Incomplete applications may be granted 60 day provisional services if it appears that the applicant will qualify for services.

### **b. Prioritization**

The Transportation Disadvantaged Coordinating Board through a subcommittee sets prioritization guidelines when needed. The following guidelines are currently in effect.

1. Medical
  - a. Kidney Dialysis.
  - b. Cancer Treatment.
  - c. Doctor Appointments.
  - d. Therapy.
  - e. Prescriptions.
  - f. Children at Risk.
2. Nutritional
  - a. Food/Grocery Shopping/ Meal Site/Food Stamps.
3. Employment (In-County Only)
4. Training/Education
5. Life- Sustaining/Other
  - a. Non-food Shopping.
  - b. Banking/Social Security.
  - c. Visits to Hospitals/Nursing Homes.
  - d. Recreational.

FDOT trips cannot be prioritized.

### **Fares:**

## **Paratransit Fares**

The fare for the Lake County Connection service is as follows:

Lake County	Orlando*	Gainesville**
<b>\$2</b>	<b>\$5</b>	<b>\$10</b>
each way	each way	each way

\* Orlando service is provided for medical appointments only on Tuesday and Thursday. Arrives in Orlando at 10 a.m. and departs from Orlando at 2 p.m.

\*\* Gainesville service is provided for medical appointments only on Monday, Wednesday and Friday. Arrives in Gainesville at 10 a.m. and departs from Gainesville at 2 p.m.

<https://www.ridelakexpress.com/>

**Per Customer Services Maira / 352-742-2612 – (05/16/2019 @ 0956 AM):**

- M – F: Pick up time: 7 AM – 7 PM. S

1. ADA:

- Within  $\frac{3}{4}$  miles from the bus route only
- No Functional assessment is performed
- Reservation can be made up to 14 days in advance – 1 day prior (business days)
- Eligibility: 2 years maximum

2. TD:

- Out of the  $\frac{3}{4}$  miles from the bus route – covers the whole county
- Out county: Orlando and Gainesville - Medical (location verification)
- Reservation can be made up to 14 days in advance – 48 hours prior
- Eligibility: 2 years maximum.



## Paratransit

Palm Tran CONNECTION Rider's Handbook

# Eligibility

Palm Tran Connection is designed to assist those individuals who cannot access Palm Tran regular fixed route bus service because of either of the following:

- a disability (ADA customers),
- fixed route service is not available in your area and you have no other means of transportation available (TD customers).

**Palm Tran Connection** is a shared ride, door-to-door paratransit service that provides transportation for disabled residents and visitors in Palm Beach County under the following programs:

➔ [Americans with Disabilities Act \(ADA\) Program](#)

➔ [Division of Senior Services \(DOSS\)](#)

➔ [Program Transportation Disadvantaged \(TD\) Program](#)

Palm Tran Connection travels in Palm Beach County from Jupiter to Boca Raton and from Palm Beach to South Bay. The Americans with Disabilities Act (ADA) core service area covers the following: East of the Florida Turnpike in Palm Beach County from the South County Line to Donald Ross Road. ADA Service continues to the 3/4-mile buffer around fixed routes located outside the ADA core service area.

**The Americans with Disabilities Act (ADA) Program** is transportation that is provided within 3/4 of a mile of a Palm Tran bus route during the same hours and days as Palm Tran fixed route bus service. To become eligible for ADA service, an individual must have a disability which prevents them from riding the fixed route bus service.



## Paratransit Eligibility Process

In compliance with the Americans with Disabilities Act of 1990 (ADA), Palm Tran offers paratransit service for persons with physical, cognitive, visual or other disabilities which functionally prevent them from using our fixed-route bus system permanently, temporarily or under certain conditions. Disability alone does not consent one's eligibility for ADA paratransit service. The decision is based solely on the applicant's functional ability to use Palm Tran fixed-route service. All Palm Tran buses are fully assessable and compliant with the requirements of the ADA. The unavailability of fixed-route service, difficulties using fixed route or long travel times do not constitute eligibility for paratransit service.

### PALM TRAN CONNECTION APPLICATION PROCESS

All applicants seeking ADA Paratransit Service must undergo an eligibility determining process. The application process includes, but not limited to:

- A personal assessment or in-person interview may be required to determine applicant's disability.
- A medical verification of the disability completed and signed by a licensed physician.

**The Transportation Disadvantaged (TD) Program** is sponsored by the State of Florida Transportation Disadvantaged Trust Fund. Service is provided anywhere in Palm Beach County during the same hours and days as Palm Tran fixed route bus service. To become eligible for TD service, the applicant must submit proof of income, *or a physician completed medical verification form* and their completed application. Transportation Disadvantaged (TD) Eligible customers may qualify for a discounted TD Bus Pass if they meet household income guidelines that fall between at 150% of the Federal Poverty Level or below.

## The Division of Senior Services (DOSS) Program

The Palm Beach County Board of County Commissioners, the Area Agency on Aging and the Florida Department of Elder Affairs fund the Division of Senior Services (DOSS) Program, for individuals who are age 60 or older, per the eligibility guidelines established by the Older Americans Act (OAA).

Fares:

**Fares are set by the Board of County Commissioners and may change at any time**

Americans with Disabilities Act (ADA) Program	\$3.50 per one way trip
Division of Senior Services (DOSS) Program	Trips to meal-sites at designated route times NO CHARGE
Transportation Disadvantaged (TD) Program	\$3.50 per one way trip
Personal Care Attendant (PCA)	NO CHARGE
Escorts	\$3.50 per one way trip
Children age 8 and under when accompanied by a fare paying passenger	NO CHARGE

**Hours:**

Palm Tran CONNECTION Rider's Handbook

## When can I ride?

Program	Time of Service	Holiday Hours
Americans with Disabilities Act (ADA) Transportation Disadvantaged (TD)	<p><b>Monday thru Friday</b> 5:00 a.m. to 10:10 p.m. First pick-up no earlier than 5:00 a.m. to 5:30 a.m. Last pick-up no later than 9:00 p.m. to 9:30 p.m.</p> <p><b>Saturday</b> 6:00 a.m. to 10:10 p.m. First pick-up no earlier than 6:00 a.m. to 6:30 a.m. Last pick-up no later than 9:00 p.m. to 9:30 p.m.</p> <p><b>Sunday</b> 8:00 a.m. to 6:00 p.m. First pick-up no earlier than 8:00 a.m. to 8:30 a.m. Last pick-up no later than 5:00 p.m. to 5:30 p.m.</p>	<p>No Service on the Following Holidays:</p> <p>New Year's Day</p> <p>Easter Sunday</p> <p>Memorial Day</p> <p>Independence Day</p> <p>Labor Day</p> <p>Thanksgiving Day</p> <p>Christmas Day</p>
Division of Senior Services (DOSS)	<p><b>Monday thru Friday</b> 8:00 a.m. to 5:00 p.m.</p> <p>No Service on Saturday &amp; Sunday</p>	
<p>Pick-up times may vary based upon trip distance and availability</p>		

Per Customer Services - 561-649-9838 – (05/16/2019 @ 1144 AM):

- Pick up time: M –F 450 AM 1030 (PM 0920 LAST PICK)

1. ADA:

- Within  $\frac{3}{4}$  miles from the bus route only
- No Functional assessment is performed
- Reservation can be made up to 7 days in advance – 1 day prior (business days)
- Eligibility: 2 years and long term life eligibility

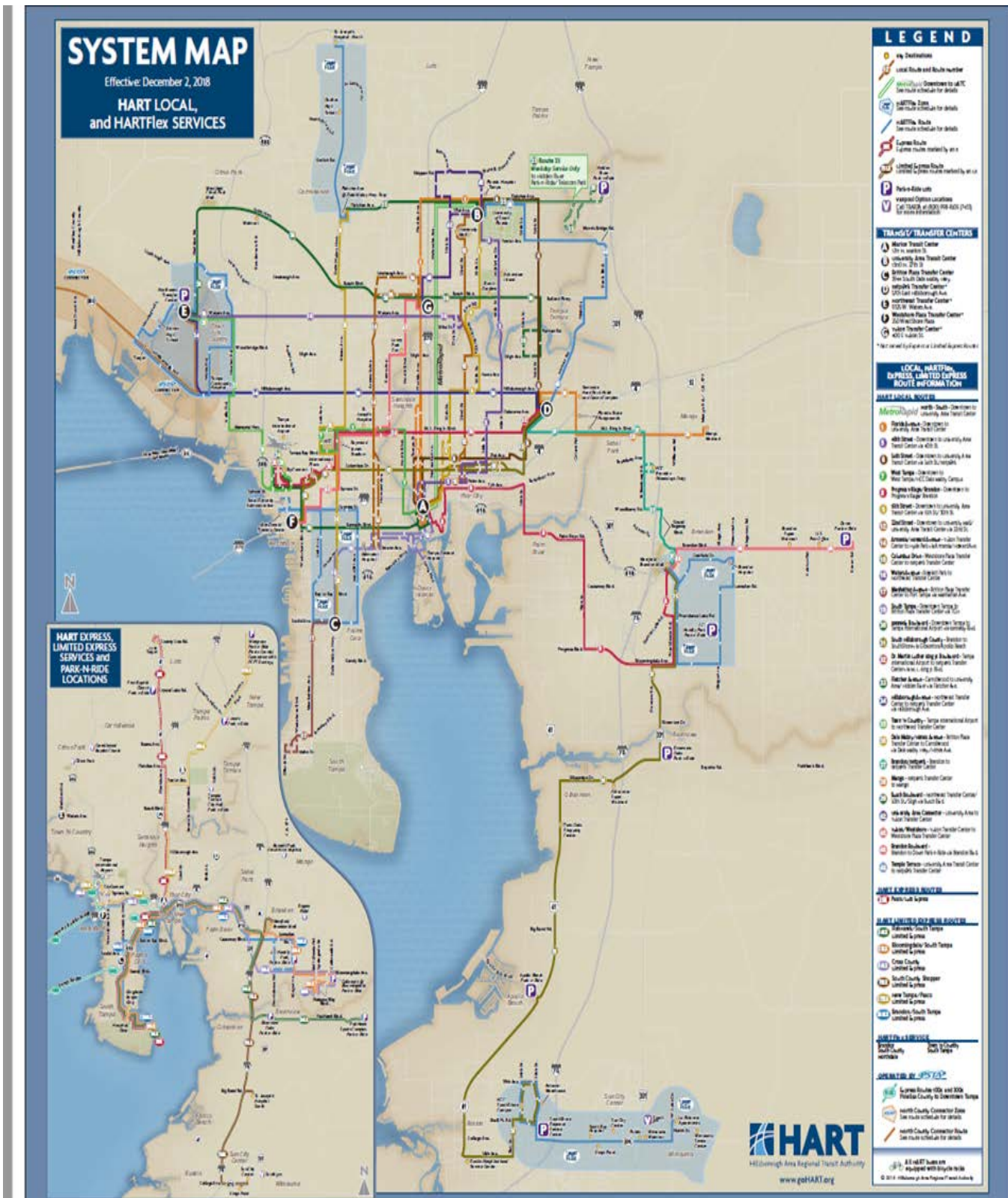
2. TD:

- Out of the  $\frac{3}{4}$  miles from the bus route – covers the whole county
- Out county: No – Transfer points
- Reservation can be made up to 7 days in advance – 1 hours prior
- Eligibility: 1 years maximum.

<http://discover.pbcgov.org/palmtran/Lists/NewsReleases/NewsDispForm.aspx>



# Hillsborough Area Regional Transit Authority (HART) Headquarters



HART covers an area of approximately 1000 sq. miles (roughly the size of Rhode Island) with a fleet of almost 200 buses.

## Fares

### 1-DAY UNLIMITED HARTRIDE





Receive unlimited local rides on the date your pass is activated. Transfers are not necessary. Can be purchased on board the bus or from any HART sales outlet.

Sold in local, discount and express fare categories.

LOCAL & LIMITED EXPRESS	\$4.00	
DISCOUNT LOCAL & LIMITED EXPRESS	\$2.00	
EXPRESS	\$6.00	
DISCOUNT EXPRESS	\$3.00	



### ONE-WAY FARES

#### CASH FARES

LOCAL & LIMITED EXPRESS	\$2.00	
EXPRESS	\$3.00	
DISCOUNT LOCAL	\$1.00	
DISCOUNT EXPRESS	\$1.50	

*\*Check PSTA.net for fares if you are traveling into Pinellas.*

#### HARTFLEX

ONE-WAY CASH	\$1.00	
ALL DAY	\$2.00	

## Paratransit

### HARTPLUS PARATRANSIT

This service is transportation for people with disabilities. Persons are eligible for this service if they have physical, cognitive, emotional, visual or other disabilities that prevent them from using HART fixed route bus system, either permanently or under certain conditions.

- Picks people up and drops them off at their destination
- Takes them to an accessible bus stop

## **HARTPlus ELIGIBILITY CRITERIA**

HARTPlus service is available for people with physical, Cognitive, visual or other disabilities that prevent them from using HART's fixed route bus services. A disability in and of itself does not imply eligibility for HARTPlus services.

## **HARTPlus SERVICE HOURS**

Service hours mirror the local fixed route bus serving your point of origin and destination. HARTPlus service is not available on days, times or locations when the corresponding local fixed route service is not operating.

Per customer service German/ 863-254-4278—(05/14/2019 at 1133 am):

ADA

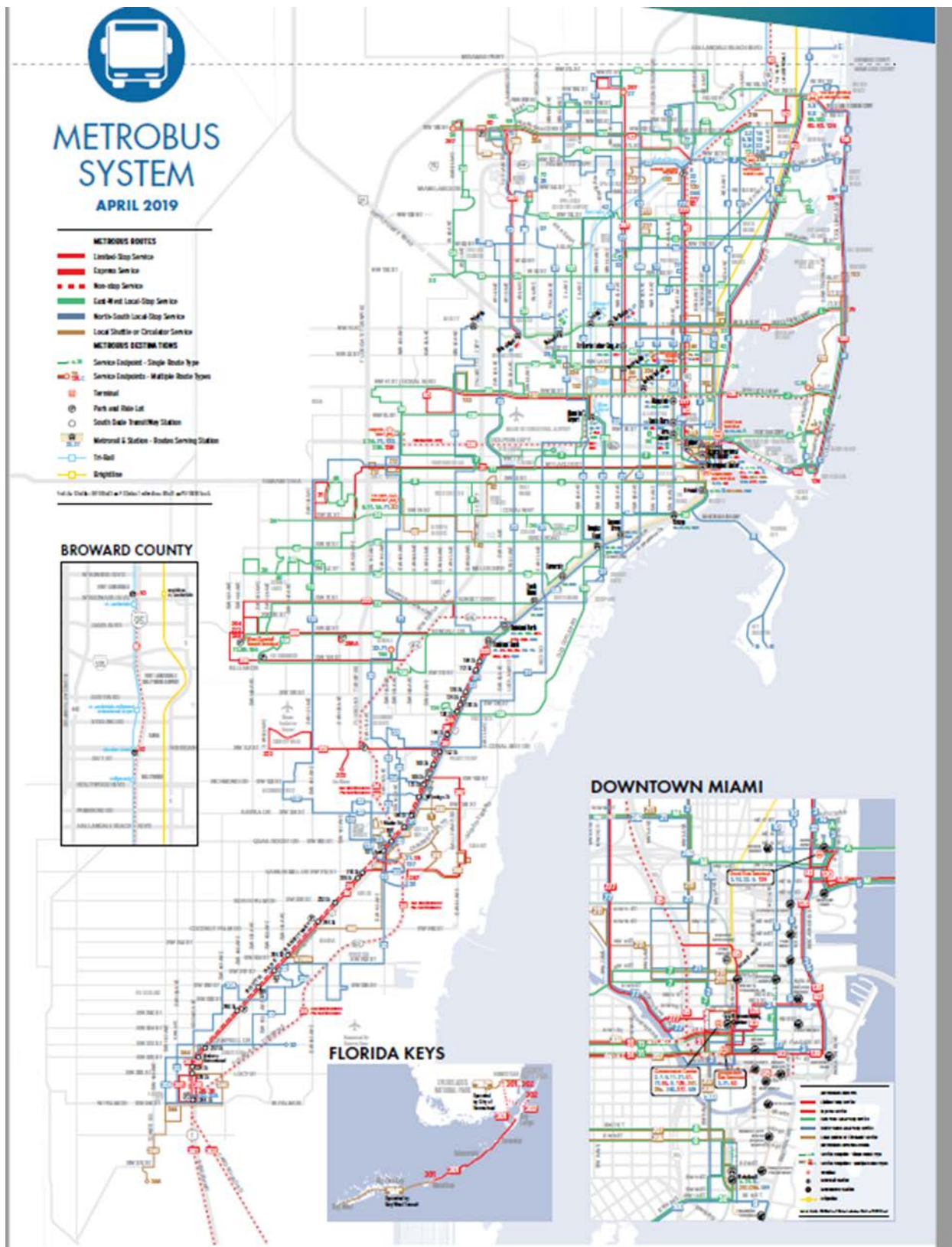
1. If the person can no use the regular bus service because of their disability.
2. Only provide paratransit service within ¼ miles of the local fixed bus routes.
  - They must to apply in person. The application needs to be original, no copies.
  - The fare is \$ 4.00 per each one-way trip.
  - They offer the information in large print, audio, & Braille.
  - The paratransit service hours are the same of the fixed bus schedule.
  - The bus operation system runs from 4:30 AM until midnight.
  - They offer travel training.

Reservations 3 days before from 8:00 AM to 5:00 PM (7 days a week).

Eligibility/ expiration not applicable /No limit for eligibility

<http://www.gohart.org/Pages/services-van.aspx>

# Miami-Dade Transportation



🚏 Connects with Metrorail 🚏 Serves Park & Ride Lot 🚏 Overnight Service 🚏 Serves Miami International Airport 🚏 Connects with Tri-Rail 🚏 Connects with Brightline

- 1 Peruvia 11 Doral Road Dr (20) Tri-Rail
- 2 102 St Mall, SW 2 11 Downtown Miami
- 3 Aventura Mall 11 Aventura Mall
- 7 Dolphin Mall, Miami Int'l Airport 11 Downtown Miami
- 8 FTO Mall/Popo Campus 11 Tri-Rail Metrorail
- 9 Aventura, 102 St Mall 11 Downtown Miami
- 10 City Lake Mall 11 Orest Metrorail Terminal
- 11 FTO Mall/Popo Campus, Mall of the Americas 11 Downtown Miami
- 12 Northside Metrorail 11 Mercy Hospital
- 16 102 St Mall 11 Orest Metrorail Terminal
- 17 Norwood 11 Tri-Rail Metrorail
- 19 (BROWARD COUNTY) MDC North Campus 11 102 St Mall
- 20 Northside Metrorail 11 Downtown Miami
- 22 102 St Mall 11 Concord Grove Metrorail
- 24 CCGAL WAY LIMITED - Wind Sails 11 Tri-Rail Metrorail
- 27 Miami Gardens 11 Concord Grove Metrorail
- 29 (BROWARD COUNTY) Miami Lakes Education Center 11 Hialeah
- 30 DOWNTOWN LOCAL - South Side Government Center 11 Dadeland South Metrorail
- 32 Coral City 11 Orest Metrorail Terminal
- 33 Hialeah 11 NE 79 St/Thruway Blvd
- 34 B-EXPRESS (BROWARD COUNTY) FLORIDA CITY 11 Dadeland South Metrorail
- 35 MDC Central Campus 11 Florida City
- 36 Dolphin Mall, Doral, Miami Springs 11 Willemstad Mall
- 37 Hialeah 11 South Miami Metrorail
- 38 DOWNTOWN MIA 11 Dadeland South Metrorail 11 Florida City
- 39 B-EXPRESS (BROWARD COUNTY) SOUTH COAST CITY 11 Dadeland South Metrorail
- 40 Lakes of the Woodlands, Venetian Way SW 102 Ave 11 Douglas Road Metrorail
- 42 Overlook 11 Tri-Rail 11 Douglas Road Metrorail
- 46 LIBERTY CITY CONNECTION (BROWARD COUNTY) Browardville Metrorail 11 Sawtooth area Transitway Bays
- 51 FLAGLER MIA 11 (BROWARD COUNTY) Wind Sails 11 Aventura Mall
- 52 Dadeland South Metrorail 11 South Side Health Center
- 54 Miami Gardens Dr (NW) 27 Ave, Hialeah Gardens 11 Thruway Blvd (NE) SA 2
- 56 (BROWARD COUNTY) Wind Sails 11 Miami Children's Hospital
- 57 (BROWARD COUNTY) Miami Int'l Airport 11 Jackson South Hospital
- 62 Hialeah 11 Thruway Blvd / 42 St
- 71 Dolphin Mall 11 MDC Central Campus
- 72 West Kendall Terminal, Miller Square 11 South Miami Metrorail
- 73 Miami Gardens Dr & NW 73 Ave Park & Ride 11 Dadeland South Metrorail
- 75 Miami Lakes Educational Center 11 FTO Thruway Bay Campus
- 77 Norwood 11 Downtown Miami
- 79 75 STREET MIA 11 (BROWARD COUNTY) Northside Metrorail 11 72 St / Miami Beach
- 82 WESTCHESTER CONNECTION (NO SIGN) FTO Mall/Popo Campus 11 Flagler
- 87 Palmetto Metrorail, Doral 11 Dadeland North Metrorail
- 88 Dadeland North Metrorail 11 West Kendall Terminal
- 89 BROWARD MIA 11 (BROWARD COUNTY) Downtown Miami 11 Aventura Mall
- 95 B-EXPRESS GOLDEN GUARDS (BROWARD COUNTY) Coral City Aventura Mall, Golden Glades 11 Downtown Miami, Chic Center
- 95 B-EXPRESS SAUCER BOARDING (BROWARD COUNTY) ROUTE 170: Broward Blvd 11 Downtown Miami
- ROUTE 170: Broward Blvd 11 Downtown Miami
- ROUTE 170: Sheridan St 11 Downtown Miami
- ROUTE 270: Broward Blvd 11 Chic Center
- ROUTE 270: Sheridan St 11 Chic Center

- 99 Miami Gardens Dr & NW 73 Ave Park & Ride 11 Aventura Mall
- A BROWARD MIA 11 73RD STREET & WIND AVENUE / WIND BEACH
- B BROWARD MIA 11 BRICKELL METROSTATION 11 Key Biscayne
- C BROWARD MIA 11 SOUTH BEACH 11 Mt. Sinai Medical Center
- 104 West Kendall Terminal 11 Dadeland North Metrorail
- E BROWARD MIA 11 GOLDEN GLADES 11 Palmetto Beach
- 6 BROWARD MIA 11 102 St Mall 11 MDC North Campus
- R BROWARD MIA 11 102 St Mall 11 Hialeah Park
- J BROWARD MIA 11 MIAMI INT'L AIRPORT 11 42 St / Miami Beach
- L BROWARD MIA 11 LINCOLN BLVD 11 Hialeah Metrorail
- M BROWARD MIA 11 CHIC CENTER 11 Mt. Sinai Hospital
- 105 MID-WESTWAY BUS STOP CONNECTION - Collins Ave / NE 21 11 Lincoln Bl
- S BROWARD MIA 11 DOWNTOWN MIAMI 11 Aventura Mall
- 100 BEACH MIA 11 DORSETT MIAMI 11 Hialeah Park, Aventura Mall
- 132 FTO MIA & DOWNTOWN SHUTTLE (BROWARD COUNTY) Doral 11 Hialeah Market / Tri-Rail
- 105 Hialeah Metrorail, Miami Lakes 11 FTO Thruway Bay Campus
- 136 B-EXPRESS (BROWARD COUNTY) 28 102 St / 42 St 11 Douglas Road Metrorail
- 137 WEST BEACH CONNECTION Dolphin Mall 11 South Side Gov. Center
- 150 MIA MIA BEACH AIRPORT CONNECTION - Miami Int'l Airport 11 South Beach
- 155 BROWARD COUNTY CONNECTION (BROWARD COUNTY)
- 183 Miami Gardens Dr & NW 73 Ave Park & Ride 11 Aventura Mall
- 200 CUTLER BAY LOCAL
- 202 LITTLE WAYS CONNECTION Thruway Shopping Plaza, WFS #12 / 42 St 11 Miami Design District
- 204 KILLAM BAY (BROWARD COUNTY) West Kendall Terminal 11 Dadeland North Metrorail
- 207 LITTLE ANNA CONNECTION (LAKELAND COUNTY) Downtown Miami, Doral 11 SW 25th Ave / SW 12 & SW 7 St
- 208 LITTLE ANNA CONNECTION (LAKELAND COUNTY) Downtown Miami, Doral 11 SW 27th Ave / W Taylor St & D
- 209 SEVILLAS CONNECTION Dolphin Mall 11 102 Street Mall
- 210 BROWARD CONNECTION (BROWARD COUNTY)
- 212 BROWARD CONNECTION (BROWARD COUNTY)
- 217 BROWARD CONNECTION (BROWARD COUNTY) NW 102 St / 22 Ave 11 Hialeah Health Center
- 218 PALM BEACH CONNECTION (BROWARD COUNTY) Dolphin Mall 11 Miami Int'l Airport
- 219 BROWARD MIA 11 102 St Mall
- 219 PINECREST CONNECTION Southland Mall 11 SW 24 St, Naranja (Thinking Only)
- 252 CORAL BEACH MIA 11 Country Club 11 Dadeland South Metrorail, Zoo Miami (Thinking Only)
- 254 BROWARDVILLE CONNECTION (BROWARD COUNTY) Civic Center 11 Jefferson Ave in Park, Hialeah (Thursday only)
- 267 LUDLAW LIMITED (BROWARD COUNTY) NW 28 St / 27 Ave 11 Dadeland Metrorail
- 272 SUNSET BAY (BROWARD COUNTY) West Kendall Terminal 11 Dadeland North Metrorail
- 277 NW 7 AVENUE MIA 11 (BROWARD COUNTY) Downtown Miami 11 Golden Glades Park & Ride
- 286 NORTH POINTS CONNECTION (NO SIGN) FTO Miami Gardens Dr & NW 73 Ave Park & Ride 11 NW 57 Ave / NW 10 St
- 287 SAGA BAY MIA 11 (BROWARD COUNTY) South Side Health Center 11 Dadeland South Metrorail
- 288 KENDALL CROSSING (BROWARD COUNTY) West Kendall Terminal, SW 107 Ave Park & Ride 11 Dadeland North Metrorail
- 297 270th AVENUE MIA 11 (BROWARD COUNTY) Miami Int'l Airport 11 Miami Gardens
- 301 SAUCER BOARDING FLORIDA CITY 11 Sunland Key
- 302 CLAY SOUND CONNECTION Florida City 11 Brown Road Club
- 308 BROWARD CONNECTION (BROWARD COUNTY) Miami Int'l Airport 11 Dolphin Mall
- 344 B-EXPRESS (BROWARD COUNTY) Florida City 11 MDC Rembrandt Campus
- 500 MIDWINTER ONE, Dadeland South Metrorail 11 Downtown Miami

Miami-Dade Transit is the 15th largest public transit system in the USA, and the largest transit agency in the state of Florida. It connects people to places by providing a high-quality, safe, reliable, clean, and efficient mass transit system that meets the travel needs of the County's growing population and we provide vital transportation infrastructure systems and services.

Metrobus serves all major shopping, entertainment and cultural centers, as well as major hospitals and schools. Service is available from Miami Beach, Key Biscayne, West Miami-Dade, Broward County, Homestead, Florida City and the Middle Keys. Buses are equipped with bicycle racks that are attached to the front of the bus. Fixed route buses: 45 Approx.

### **Metrobus**

Fare - \$2.25

Discount Fare - \$1.10

Special Transportation Service (STS) is a shared-ride public transportation service of Miami-Dade County in compliance with the complementary paratransit service provisions of the Americans with Disabilities Act (ADA) of 1990. STS offers door-to-door transportation service from the main entrance of pick-up to the main entrance of drop-off locations.

The service operates 24 hours a day, 7 days a week and can be used throughout Miami-Dade County for work, school, shopping, recreation and medical appointments.

- Miami-Dade County residents whose physical or mental disability prevents them from using accessible public transportation (Metrobus, Metrorail, or Metromover) independently.
- Miami-Dade County residents with temporary disabilities are eligible for STS during the period of their disability.
- People with disabilities from out-of-town that are presumed eligible under ADA jurisdiction.

### **STS FARE**

- **STS fare is \$3.50 each way. Companions pay the same fare, Personal Care Attendant (PCA) do not pay a fare, and PCA must be pre-certified by STS Certification Office.**
- **Riders must have the exact fare and must pay upon entering the vehicle.**
- **Drivers DO NOT provide change.**
- **Riders may contact service provider at (305) 871-1111 to purchase pre-paid vouchers. The pre-paid vouchers can be used in lieu of the cash and should be handed to the driver upon entering the vehicle.**

Per customer service, Elvia (05/16/2019@1534 pm)

- Reservations from 8:00 am to 5:00 pm (7 days prior)
- Eligibility: permanent, or per doctor request.
- Must apply in person
- Must to show STI ID
- TD is not available.

**<https://www8.miamidade.gov/transportation-publicworks/routes.asp>**

**TAB 3**







100 N. Myrtle Ave. Bldg G  
Jacksonville, FL. 32204  
904-265-6001

Thank you for inquiring about eligibility for ADA Paratransit Services. Enclosed is a copy of an ADA Paratransit Application form. Please read the following information before completing the application.

The JTA offers two categories of transportation: the mass transit system (city bus, Skyway, Community Shuttle and Ride Request services) and the JTA Connexion (paratransit service). The JTA's mass transit service provides accessibility features that make it possible for people with different types of disabilities to ride on its buses, Skyway trains and vans. These include: lifts and ramps (there is no need to use the steps if they cause you problems); tie-downs and passenger restraints (Driver-secured) for people using wheelchairs; stop announcements by the drivers and/or the Talking Bus automatic announcement and information systems for visually and hearing-impaired riders; and route schedules and information in alternative formats.

The JTA also offers to riders who may have a disability, receive Social Security Income or a Disabled Veteran the opportunity to ride the fixed route bus at a reduced rate. You can inquire about this program at 265-6001. In addition, if you are over the age of 65 you qualify to ride the fixed route bus for free.

The JTA Connexion is paratransit service that offers door-to-door service to eligible individuals who, due to disability, cannot access the mass transit system some or all of the time. This application is for certification to use the JTA Connexion service. This application consists of three sections: General Information; Americans with Disabilities Act (ADA) and State Transportation Disadvantaged (TD). Please be sure to fill out the application completely. An incomplete application may delay the processing and/or result in an inaccurate assessment of your abilities.

**When you complete the application and have gathered any supporting documentation as requested you must call the Eligibility Office at 265-6001 to schedule an appointment for your in-person interview and functional assessment.** During this assessment, you will meet with a staff member for an interview where they will ask additional questions concerning your ability to use the JTA, buses, Skyway and vans. Following your interview you will meet with a professional Functional Assessor for your functional assessment. This assessment will evaluate your travel abilities and limitations. You must bring all mobility devices that you use to travel outside your home and dress accordingly for the weather as some portions of the assessment will be conducted outside. **Also, please bring a picture ID.** We will take your photograph to be used for an ID, if you are deemed eligible. Once the interview and assessment is complete, you will receive your determination by letter within 21 days.

**Accessible versions of these forms are available upon request; Braille, large print or assistance with completing the application by one of the JTA Eligibility staff member**



# Jacksonville Transportation Authority Paratransit Eligibility Application DO NOT MAIL THIS APPLICATION

All questions must be completed to process this application

## GENERAL INFORMATION (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. I. : \_\_\_\_\_

Residential Address: \_\_\_\_\_ Apt/Lot# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Is the provided address your mailing address?  Yes  No Email Address: \_\_\_\_\_

If not, please provide mailing address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Check the following residence type in which you live:

- Home   
 Apartment/Townhouse   
 Retirement Facility   
 Assisted Living Facility   
 Skilled Nursing Facility

Name of facility, if applicable: \_\_\_\_\_

When you travel outside your home, please indicate which (if any) of the following mobility aids you use:

- Power Wheelchair     Walker     White Cane     Service Animal  
 Manual Wheelchair     Cane     Respirator     Personal Care Attendant  
 Power Scooter     Crutches     Stretcher     Other \_\_\_\_\_  
 No Mobility Aid

If you use a manual wheelchair, can you transfer to a passenger seat for travel?  Yes  No  N/A

Are you a disabled veteran?  Yes  No (If yes, please attach a copy of VA letter of disability)

Do you receive SSI or SSDI?  Yes  No (If yes, please attach copy of documentation.)

## SECTION A – The Americans with Disabilities Act

A1. Can you use the JTA City Bus or Skyway?  Yes  No

A2. Please describe the condition, disability or limitation that prevents you from riding the JTA City Bus or Skyway \_\_\_\_\_

\_\_\_\_\_

A3. Please describe how this condition or disability prevents you from riding the JTA Bus or Skyway \_\_\_\_\_

\_\_\_\_\_

**SECTION A – The Americans with Disabilities Act Continued**

A4. Is this condition/disability/limitation:  Permanent  Temporary

If temporary, how long do you expect it to last? \_\_\_\_\_

A5. With your mobility aids, if applicable, how far can you travel?

- |  |  |
|--|--|
| <input type="checkbox"/> I cannot travel outside my residence                | <input type="checkbox"/> I can travel up to six blocks     |
| <input type="checkbox"/> I can only get to the curb in front of my residence | <input type="checkbox"/> I can travel more than six blocks |
| <input type="checkbox"/> I can travel up to two or three blocks              | <input type="checkbox"/> Not Applicable                    |

A6. What is the longest time you can wait outside...

- |                         |  |                                     |                                     |   |
|-------------------------|--|-------------------------------------|-------------------------------------|---|
| With a place to sit?    | <input type="checkbox"/> 5 minutes or less | <input type="checkbox"/> 15 minutes | <input type="checkbox"/> 30 minutes | <input type="checkbox"/> More than 30 minutes |
| Without a place to sit? | <input type="checkbox"/> 5 minutes or less | <input type="checkbox"/> 15 minutes | <input type="checkbox"/> 30 minutes | <input type="checkbox"/> More than 30 minutes |

A7. Can you negotiate up and down curbs when you travel between city blocks and/or cross streets?

- Yes  No

A8. If you cannot use steps to board a bus, can you board a bus using any of the following? (Please note that persons who cannot climb the bus steps have the right to enter the bus by standing on the lift.)

A wheelchair lift?  Yes  No

A ramp (incline)?  Yes  No

If neither, please explain \_\_\_\_\_

A9. Are you able to give your address and phone number upon request?  Yes  No

A10. Are you able to ask for, understand, and follow directions?  Yes  No If No, please explain:

\_\_\_\_\_  
\_\_\_\_\_

A11. Are you able to travel safely and effectively through crowded and/or complex facilities?  Yes  No

A12. How do you currently travel to your frequent destinations?

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> JTA City Bus or Skyway | <input type="checkbox"/> Someone drives me | <input type="checkbox"/> Walk        |
| <input type="checkbox"/> JTA Connexion          | <input type="checkbox"/> I drive myself    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Taxi                   | <input type="checkbox"/> School Bus        |                                      |

A13. Do you travel with the help of another person?  Always  Sometimes  Never

A14. Are you able to get to and from the public transit stop nearest your home?  Yes  No

If No, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

A15. If you have a service animal, indicate the task(s) your service animal performs for you:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Guides me                            | <input type="checkbox"/> Alerts me | <input type="checkbox"/> I do not currently use a service animal |
| <input type="checkbox"/> Picks up items                       | <input type="checkbox"/> Pulls me  |  |
| <input type="checkbox"/> Carries items for me (explain) _____ |                                    |  |
| <input type="checkbox"/> Other: _____                         |                                    |  |

Type of animal: \_\_\_\_\_

A16. Please list other information you want us to know about your abilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION B – State Transportation Disadvantaged (TD) Program**

B1. Do you or any member of your household own a vehicle?  Yes  No

List make, model and year for each: \_\_\_\_\_

B2. Do you have a Driver's License?  Yes  No

If yes: License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

B3. Can you or member in your household transport you to your appointments?  Yes  No

If not, why: \_\_\_\_\_

B4. Please list all other Household Members:

Name	Relationship	Date of Birth	Drivers License Number (Y/N)

B5. Are you currently receiving dialysis or oncology (cancer) treatments?  Yes  No

If yes, how many times per week? \_\_\_\_\_. Please provide the name of the facility where you receive these treatments: \_\_\_\_\_

B6. Do you live in a facility that provides transportation?  Yes  No

If yes, can this facility provide you with transportation to your medical appointments?  Yes  No  
If no, why not: \_\_\_\_\_

B7. Please attach a copy of one of the following:

- Birth Certificate                       JTA Senior ID Card (Sunshine Pass)       Florida State ID Card  
 Florida Driver's License               Other Government photo ID with date of birth.

B8. Please list all facilities that you visit on a regular basis:

Name and address of facility	Type of Visit	# of Monthly Visits	Describe How You Previously Got There

B9. Are there any other transportation needs of which we should be aware including culture competency?

If all information is complete, please go to the next page, complete physicians information, sign and date application.

**DO NOT MAIL THIS APPLICATION.**

## PHYSICIAN CONTACT

To allow the JTA Connexion staff to make a fair assessment of your application, we may need to contact a medical professional who is familiar with your condition(s). Please complete the information below:

- Name of Medical Professional: \_\_\_\_\_
- Medical Facility: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of Medical Professional:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Physician             | <input type="checkbox"/> Optometrist               | <input type="checkbox"/> Licensed Mobility Specialist |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Rehabilitation Specialist | <input type="checkbox"/> ESE Teacher                  |
| <input type="checkbox"/> RN or LPN             | <input type="checkbox"/> Occupational Therapist    | <input type="checkbox"/> Social Worker                |
| <input type="checkbox"/> Psychologist          | <input type="checkbox"/> Physical Therapist        |   |

## APPLICANT SIGNATURE

I acknowledge the purpose of this application is to determine my ability to use transit and paratransit services. I understand that the staff of the Jacksonville Transportation Authority (JTA) and JTA Connexion may need to discuss my application to obtain additional information. I have been truthful in answering all of these questions and my information may be verified. I authorize the health care professional, including psychiatrists or psychologists, designated in this application to release and provide JTA and JTA Connexion, or its representatives, any additional information that may be required to complete or clarify this application. I agree that, when possible, I will travel to the nearest location that can serve my needs and understand that this will allow JTA to most efficiently serve the needs of the community.

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

Please note that any person who knowingly makes a false or misleading statement in an application or certification under section 320.0848, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, F.S. The penalty is up to one year in jail or a fine of \$1,000.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant signed their name above, but you helped this person to answer these questions, please sign and print your name below:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**LARGE PRINT, BRAILLE AND ALTERNATIVE FORMATS AVAILABLE  
UPON REQUEST**

**AFTER THE APPLICATION IS COMPLETED CALL 265-6001 TO  
SCHEDULE AN INTERVIEW.**



JACKSONVILLE  
TRANSPORTATION  
AUTHORITY

**CONNEXION ELIGIBILITY CENTER**  
**100 N. Myrtle Avenue Building 2**  
**Jacksonville, FL 32204**

**MEDICAL INFORMATION FORM**

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
**DOB**

**Medical Verification-To be completed by a licensed Medical Professional.**

Please complete the section below. The information that you provide must be based solely upon the applicant having an actual physical or cognitive limitation, which prevents the use of our fixed route bus service. The diagnosis of a potentially limiting illness or condition is not sufficient determination for paratransit services.

1. What is the applicant's disability?

\_\_\_\_\_  
\_\_\_\_\_

2. How does the condition functionally prevent the applicant from using regular bus service?

\_\_\_\_\_  
\_\_\_\_\_

3. If temporary, what is the duration?

\_\_\_\_\_

4. Does this individual use a mobility aid? \_\_\_ yes \_\_\_ no If yes, what type of mobility aid do they use?

\_\_\_\_\_  
\_\_\_\_\_

5. If this individual is currently taking prescribed medication(s), does this medication enhance or diminish the individual's functional ability to travel independently? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

6. Are any of the following affected by the individual's disability? (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Orientation                   | <input type="checkbox"/> Monitoring time | <input type="checkbox"/> Gait or balance          |
| <input type="checkbox"/> Problem solving               | <input type="checkbox"/> Judgment        | <input type="checkbox"/> Inconsistent performance |
| <input type="checkbox"/> Short-term memory             | <input type="checkbox"/> Communication   | <input type="checkbox"/> Long-term memory         |
| <input type="checkbox"/> Inappropriate social behavior |  |   |
| <input type="checkbox"/> Other (please explain)        |  |   |

7. Please feel free to let us know if you have any other comments: \_\_\_\_\_

\_\_\_\_\_

Signature of Medical Professional \_\_\_\_\_ Date \_\_\_\_\_

Professional License # \_\_\_\_\_ State Issued \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Extension \_\_\_\_\_

Contact person \_\_\_\_\_

I acknowledge the purpose of this application is to determine my ability to use transit and paratransit services. I understand that the staff of the Jacksonville Transportation Authority (JTA) and JTA Connexion may need to discuss my application to obtain additional information. I have been truthful in answering all of these questions and my information may be verified. I authorize the health care professional, including psychiatrists or psychologists, designated in this application to release and provide JTA and JTA Connexion, or its representatives, any additional information that may be required to complete or clarify this application. I agree that, when possible, I will travel to the nearest location that can serve my needs and understand that this will allow JTA to most efficiently serve the needs of the community.

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

Please note that any person who knowingly makes a false or misleading statement in an application or certification under section 320.0848, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, F.S. The penalty is up to one year in jail or a fine of \$1,000.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date

If applicant is unable to sign this form, he/she may have someone sign on his/her behalf.

\_\_\_\_\_  
Signing for Applicant \_\_\_\_\_ Relationship \_\_\_\_\_ Date

**TAB 4**





# PSTA - RESEARCH

## WHAT IS THE TRANSPORTATION DISADVANTAGED PROGRAM?

The Pinellas County Transportation Disadvantaged (TD) Program is a state-funded program that provides reduced cost transportation throughout the county to residents who qualify as "Transportation Disadvantaged."

## WHO QUALIFIES FOR TRANSPORTATION DISADVANTAGED SERVICES IN PINELLAS COUNTY?

In order to qualify for Transportation Disadvantaged services in Pinellas County, a person must:

- Live in Pinellas County
- Not be able to get a ride from household members or others for life-sustaining trips: medical, grocery, work, job-related training/education and other vital services
- Have documented household income which does not exceed 150 percent of poverty (see chart below)

### 2020 Federal Poverty Guidelines (X 150 percent)

<b>Family Size</b>	<b>2020 Maximum Gross Yearly Income</b>	<b>2020 Maximum Gross Monthly Income</b>
1	\$19,140	\$1,595.00
2	\$25,860	\$2,155.00
3	\$32,580	\$2,715.00
4	\$39,300	\$3,275.00
5	\$46,020	\$3,835.00
6	\$52,740	\$4,395.00
7	\$59,460	\$4,955.00
8	\$66,180	\$5,515.00

For each  
additional \$6,720      \$560.00  
person

## HOW ARE TRIPS PROVIDED TO QUALIFIED INDIVIDUALS?

### Reduced-Cost PSTA Bus Passes

The Pinellas Suncoast Transit Authority (PSTA) provides bus service throughout most of the county. All buses are air-conditioned and wheelchair accessible. Individuals able to access and ride a bus can qualify for either a 10 (non-consecutive) Day bus pass for \$5.00 per month, or a 31-Day unlimited ride bus pass for \$11.00 per month. The passes can be used for travel to any location served by the PSTA bus system. To get bus route maps and schedules from PSTA, call 727-540-1900 or [view our schedule map online](#).

### Door-to-Door Service

Individuals who cannot use the bus for some of their trips may qualify for door-to-door service for those trips for \$3.00 per one-way trip. The fee is due in cash at the time of the ride.

If approved for door-to-door service, the individual will need to make trip reservations for eligible trip purposes approved within Pinellas County.

- Requests must be made at least 72 hours BEFORE service is actually needed.
- The Reservationist will schedule the trip and provide the caller with a pick-up time. On the day of the trip, the rider must be ready at the scheduled pick-up time and location to board the vehicle within five minutes of its arrival. The trip is not considered late until 30 minutes after the scheduled pick-up time. Individuals will need to call the transportation provider directly if their ride is late, or if they need to cancel their trip. Cancellations must be made at least two hours prior to the scheduled pick-up time to avoid a “no show” penalty.
- Payment of \$3.00 cash for each one-way trip MUST be given to the driver at the time of pick-up.

## LATE SHIFT

### New Fares starting January 1, 2018

TD Late Shift can now be purchased with the monthly TD pass for \$20.

**TD Bus Pass:** \$11

**Add Late Shift:** +\$9

**Total Monthly Package:** \$20

Transportation Disadvantaged (TD) riders have a new way to get home late at night with TD Late Shift.

For \$20/month, TD clients can get their monthly TD Pass plus 25 free on-demand trips per month to/from work when bus service is not available. To qualify, the individual must:

- Purchase their TD bus pass every month
- Have a job that begins or ends between 9 p.m. – 6 a.m. any day of the week

To sign up, call 727-540-1900, ext. 6.

## URGENT DAY

TD Urgent Day provides one \$3 on-demand trip per month to anyone who has their current TD bus pass and has a life-sustaining (non-emergency) trip that cannot be effectively served by bus.

To take the trip, call 727-540-1900, ext. 6, Monday – Friday 7:30 a.m. – 4:30 p.m., and Saturday 8 a.m. – 4 p.m.

## HOW DO I BECOME ELIGIBLE FOR TD SERVICES?

To request a TD Program Application, visit one of PSTA's [Customer Service Centers](#), call 727-540-1900 or [download our TD program application](#).

Complete and mail the application, along with required Proof of Income, to Pinellas Suncoast Transit Authority (PSTA) to the address shown on the application. Fax the completed application and documentation to 727-540-1923 or submit to a representative at one of [PSTA's Customer Service Centers](#).

Learn of your approval or denial by calling 727-540-1900 two weeks after the submission of your paperwork.

## HOW ARE TD BUS PASSES SOLD?

If approved for a TD bus pass, the individual will need to bring a government-issued photo ID to one of the PSTA Customer Service Centers listed below. In addition, the individual will need to bring cash, credit or debit to purchase their pass:

- 10-Day Pass: \$5.00
- 31-Day Pass: \$11.00

Service is limited based on available funding.



**Application for the Transportation Disadvantaged (TD) Program**  
**(Page 1 of 3)**

The Transportation Disadvantaged Program provides lower-cost transportation for life-sustaining trips to Pinellas County residents whose gross household income is below 150% of poverty, and who do not have another way to take these trips. To apply, complete and submit this application for each member of your household who needs this service (age six and above, children 5 and under ride PSTA free). **Applications submitted without proof of income/no income for all household members will not be approved until this is received.**

**DATE:** \_\_\_\_\_  
**NAME ON** \_\_\_\_\_  
**YOUR ID:** \_\_\_\_\_  
**STREET** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY & ZIP** \_\_\_\_\_  
**CODE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**E-MAIL** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**1. Do you have a car ride for your vital trips (work, food, Dr.)?**  
 Yes                       No

**2. Are you registered with or employed by St Petersburg College (SPC), USF-St Pete, Pinellas Technical College (PTC), MYcroSchool, Schuller University, or City of St Pete?**  
 Yes                       No

**3. TD services include low-cost bus passes, Late Shift on-demand work trips overnight, and door-to-door trips if disability prevents bus use.**

a) Can you use PSTA's buses for all of your vital trips?  
 Yes                       No

b) Do you need TD Late Shift to get to a current job between 10 pm – 6 am any day?  
 Yes                       No

c) Do you need TD door-to-door due to a disability?  
 Yes (complete DART application)     No

**4. Is Medicaid your only form of health insurance?**  
 Yes                       No



**Application for the Transportation Disadvantaged (TD) Program**  
(Page 2 of 3)

**5. Do you have any physical or mental disabilities?**

Yes     No

If yes, what type(s)? \_\_\_\_\_

**6. Does anyone in your household require a wheelchair?**

Yes     No

**7. You MUST complete the table below for each immediate family member of your household** (YOURSELF, spouse, parents, children, step and foster children, siblings, grandparents, grandchildren) living at the same address). For Monthly Gross Income, list all income by source and attach proof of income for each source as described below. Gross Income is before all taxes and withholding and includes pay, Social Security, Disability, Cash Benefits, and child support:

Name	Date of Birth	Relationship to You	Monthly Gross Income

**8. How many persons are in your household** (Household includes yourself and any relatives living at the same address)? \_\_\_\_\_

**9. What is your household's Monthly Gross Income from the table above?**  
\_\_\_\_\_

**10. Attach proof** of each source of income listed above for you and all members of your household to this completed application. **Please provide copies as proof of income will not be returned.**

**Acceptable forms of proof of income include current copies of:**

- 1st page of your tax return
- DCF Cash Benefit/Child Support Letter\*
- Minimum of (2) most recent pay stubs
- Unemployment Compensation Income Verification
- Social Security Income Verification or Proof of Income Letter (includes SSI and SSDI)
- Retirement/Pension Statement (includes VA)

**If no one in your household has income, you must submit either:**

- **Access/DCF Benefits statement showing dollar amount of benefits (Food Assistance) or,**
- **a signed letter on agency letterhead verifying that you have no income.**

**Applications missing proof of income/no income will not be approved for TD until this information is received.**



**Application for the Transportation Disadvantaged (TD) Program**  
(Page 3 of 3)

**NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_

**11. How many days in the next calendar month will you need PSTA to get to:**

**Medical/Health:** \_\_\_\_\_ **# Days**  
Includes doctors, dental, pharmacy, mental health, drug treatment, and AA/NA/PTSD support groups (list phone number for each in next section for verification).

**Food:** \_\_\_\_\_ **# Days**  
Includes grocery and other food stores, as well as food distribution sites and group meals.

**Vital Services:** \_\_\_\_\_ **# Days**  
Includes government and non-governmental social service agencies, banks, utility bill payment sites, and check cashing services.

**Employment:** \_\_\_\_\_ **# Days**  
Includes paying jobs only, not volunteering/unpaid work.  
(list phone number and work hours for each job in next section for verification)

**Job-Required Training:** \_\_\_\_\_ **# Days**  
Includes only courses required by your current employer

**Other Education & Training:** \_\_\_\_\_ **# Days**  
Includes any courses except for Job-Required Training above.

**Other Life-Sustaining Trips NOT already counted above:** \_\_\_\_\_ **# Days**

**Total number of all trips listed above** \_\_\_\_\_ **Grand Total:** \_\_\_\_\_

**By signing this form, I am stating that the information I have given is true and complete to the best of my knowledge; if falsified, my TD services will be suspended:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Contact PSTA two weeks after submitting your application to find out your eligibility status. Bus passes are sold month-long with a valid government-issued photo ID. See the Transportation Disadvantaged (TD) page at [www.psta.net](http://www.psta.net) for more details. If PSTA bus service will not meet your trip needs, you may be eligible for door-to-door service.

**Bring this completed form to a PSTA Customer Service Representative, fax or mail to:**  
TD Program, PSTA, 3201 Scherer Drive, St. Petersburg, FL 33716  
Fax: (727) 540-1923, InfoLine: (727) 540-1900



## **Transportation Disadvantaged (TD) Program Eligibility Recertification Form**

It is now time for you to submit proof of income for your household in order to remain eligible for the Transportation Disadvantaged (TD) Program. Please sign the certification at the bottom of this page, answer all of the questions on the attached Income Verification Form, and return both pages with proof of income for ALL family members in your household.

**Fax or mail completed forms and proof of income documents to:**

Pinellas Suncoast Transit Authority (PSTA)

Attention: TD Program Office

3201 Scherer Drive

Saint Petersburg, FL 33716

Fax: (727) 540-1923

Completed forms can also be given to a Customer Service Representative at a PSTA transfer center, but please seal all in an envelope to prevent your documents from getting separated. Please allow two weeks to process your recertification.

---

By signing below, I affirm that I live in Pinellas County and do not have a ride available to get me to TD-funded trips. All of the information on the Income Verification Form attached is true and complete for all family members in my household. I agree to notify PSTA as soon as any of these conditions change. I understand that these documents are required for me to continue receiving services through the Pinellas Suncoast Transit Authority's (PSTA's) Transportation Disadvantaged Program.

Print Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GO TO NEXT PAGE**



**Transportation Disadvantaged (TD) Program Eligibility Recertification Form**

This form and proof of income are required to receive services through the Pinellas Suncoast Transit Authority's (PSTA's) Transportation Disadvantaged Program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Total Monthly Household Income: \_\_\_\_\_ Number of People in Household: \_\_\_\_\_

**Complete the table below for each immediate family member of your household (YOURSELF, spouse, parents, children, foster or step children, brothers, sisters, cousins, nieces/nephews, grandparents and grandchildren living at the same address):**

Name	Date of Birth	Relationship to You	Monthly Income

**Attach to this form proof of total income, before tax, including wages, tips, any Social Security income, Pension and other income for you and all members of your household listed above. Please provide copies, as documents submitted will not be returned.**

**Acceptable forms of proof of income include:**

- 1st page of your tax return
- DCF Cash Benefit/Child Support Letter\*
- Minimum of (2) recent pay stub statements
- Unemployment Compensation Income Verification
- Social Security Income Letter (SSA, SSI, SSDI)
- Retirement/Pension Statement (includes VA)

**If no one in your household has any income, you must submit proof of Food Stamp eligibility or a signed letter on agency letterhead verifying that you have no income. Applications missing proof of income/no income will not be approved for TD until this information is received.**

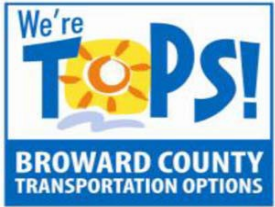
\* The amount of food stamps is not counted towards your household income.

**Completed form and proof of income must be turned in to PSTA at a bus terminal, mailed or faxed to:** Pinellas Suncoast Transit Authority (PSTA), Attention: TD Program Office  
3201 Scherer Drive  
Saint Petersburg, FL 33716  
Phone: 727-540-1900; Fax: 727-540-1923



**TAB 5**





## TRANSPORTATION DISADVANTAGED (TD) DOOR-TO-DOOR PROGRAM

Dear TOPS! Applicant:

Thank you for your interest in TOPS! The Florida Commission for Transportation Disadvantaged (TD) program is one of the transportation programs provided by TOPS!

**Door-to-Door Paratransit Transportation:** Shared-ride paratransit transportation is provided to eligible Broward County residents with physical, cognitive, emotional, visual, or other disabilities which functionally prevent them from using the BCT fixed-route bus system permanently, temporarily or under certain conditions. Door-to-door paratransit transportation is provided to health care, employment, education, shopping, social activities and other life-sustaining activities.

**Eligibility:** The TD program is a “last resort” program for disabled individuals in need of transportation and do not have access to any other transportation resource. TD eligibility criteria requires the applicant to qualify under **both disability AND current Federal Poverty Level Guidelines**, depending on the number of family members in household, at the 225 percent level. *(see chart below)* We are required to make every effort to verify your income and medical information to determine eligibility. Blanks on your application are considered as incomplete and may affect the timeliness of eligibility determination.

Persons in family/household	225% of 2020 Federal Poverty Guidelines
1	\$ 28,710.00
2	\$ 38,790.00
3	\$ 48,870.00

For households of more than three members please view our website at [www.broward.org/bct](http://www.broward.org/bct) to access the complete TD Income Guidelines chart.

Completed TD applications must contain all requested information. You are required to submit identification and applicable financial supporting documents when submitted. Self-declaration of income is not accepted. Faxed or Emailed applications are not accepted due to the collection of individually identifiable information.

### ***Complete application information prior to printing and submitting.***

**Mail to:** Paratransit Eligibility Services  
 Broward County Transit  
 1 N. University Dr., Suite 2400-B  
 Plantation, FL 33324  
**Information: 954-357-8400**  
 (Mail or hand deliver application to the above address)

#### **NOTICE OF COLLECTING SOCIAL SECURITY NUMBER (SSN) FOR GOVERNMENT PURPOSE**

Broward County collects SSNs for different purposes. The Florida Public Records Law, Section 119.071(5), F.S. (2007) requires County to give you this written statement explaining the purpose and authority for collecting your SSN.

FORM	PURPOSE	AUTHORIZATION
TD Application	Conduct eligibility verification and monitor for system abuse	County policy (See Note)

**NOTE:** Broward County collects your SSN in the performance of a duty or responsibility County must complete in accordance with law or business necessity. In the event a law does not specifically provide County with the authority to collect your SSN, it is imperative County collect your SSN and this is expressly provided in section 119.081 (5) 2.b.

**Transportation Disadvantaged Application  
DOOR-TO-DOOR PARATRANSIT SERVICES  
Broward County Transit**

Office Use Only
Client ID: _____
Date Approved: _____
Date Denied: _____

**Instructions:**

Complete Sections 1 and 2. Section 3 must be completed by a Florida Licensed Physician. Attach all required documentation. Self-declaration of income is not accepted.

**A copy of your Current Florida Driver's License / Florida ID  
Showing a Broward County address is required.**

**SECTION 1 – GENERAL INFORMATION (PLEASE PRINT LEGIBLY)**

Name of Applicant: _____		Phone: _____	
Home Address: _____			
Mailing Address (if different): _____			
<b>If using agency to receive mail, provide agency letter stating they will receive your mail</b>			
Is a vehicle registered in your name? YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you drive? YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date of Birth: _____		Social Security Number: _____	
Are you receiving Medicaid? YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, Medicaid #: _____	
Emergency Contact: _____		Phone: _____	
Number of <b>relatives</b> , including self, living in household: _____		Enter Total Annual Household Income Here (lines 1 through 8 below): _____	

**For us to determine your household income, please submit a copy of all current annual income/benefit(s) received by you and/or any relative(s) living in the residence.\***

- |  |          |
|--|----------|
| 1. Most recent pay stub with year-to-date reporting                      | \$ _____ |
| 2. DCF Benefits / Cash Assist. / Food Stamps with benefit amount         | \$ _____ |
| 3. Unemployment Compensation   | \$ _____ |
| 4. Social Security Awards Letter (SSA / SSI / SSDI)                      | \$ _____ |
| 5. Retirement / Pension / Investment                                     | \$ _____ |
| 6. Disabled Veteran Benefits   | \$ _____ |
| 7. Housing benefits (HUD, Section 8) ( <i>Not Happy Choice Voucher</i> ) | \$ _____ |
| 8. Other (Specify)   | \$ _____ |

**Self Declarations are not accepted as proof of lack of income.**

**\*If \$0 income, and you live in a house or apartment, indicate how rent / utilities are paid (this includes balance remaining after rent subsidy).**

**Additional documentation may be required to support household income.**

**(OVER)**

**SECTION 1 – GENERAL INFORMATION (CONTINUED)**

**(PLEASE PRINT LEGIBLY)**

**VETERAN’S INFORMATION**

Are you a United States veteran?      YES \_\_\_\_      NO \_\_\_\_

If YES, type of Military Discharge:

Honorable \_\_\_\_      General (Honorable Conditions) \_\_\_\_

**If YES, attach Proof of Honorable Discharge.**

Need a copy of your Discharge?  
Contact Broward County Elderly and Veterans Services by calling 954-357-6622.

**SECTION 2 – HOUSEHOLD MEMBERS (RELATIVES)**

NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NUMBER

Did you attach a copy of your FL ID or Drivers license?      Yes \_\_\_\_      No \_\_\_\_

Did you attach all required documents?      Yes \_\_\_\_      No \_\_\_\_

Is the Medical Form completed by a Florida Licensed Physician?      Yes \_\_\_\_      No \_\_\_\_

I attest all information is correct and if there are any changes, I will report them to TOPS! Paratransit Services immediately. **(DO NOT E-MAIL OR FAX)**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preparer (if other than applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Preparer)

\_\_\_\_\_  
Relationship

**Return to: Broward County Transit - Paratransit Services Eligibility**  
**1 N University Dr., 2400 - B, Plantation, FL 33324**  
(Mail or hand deliver application to the above address)

**Transportation Disadvantaged Application  
Door-To-Door Paratransit Service  
Broward County Transit  
Section 3 – MEDICAL**

Client ID: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**SECTION 3 – MEDICAL (TO BE COMPLETED BY FLORIDIA LICENSED PHYSICIAN)**

Does applicant have Medicaid? Yes \_\_\_ No \_\_\_ If Yes, Medicaid #: \_\_\_\_\_

Medicaid Program Code: \_\_\_\_\_

**Indicate Mobility Aides / Equipment / Disability Condition(s):**

Mobility Aides / Equipment:

Crutches \_\_\_ Scooter \_\_\_ W/C \_\_\_ PWR W/C \_\_\_ Walker \_\_\_ Cane \_\_\_ Leg Brace \_\_\_

Back Brace \_\_\_ AMBI \_\_\_ None \_\_\_ O2 Tank \_\_\_ Other \_\_\_\_\_

Disability Condition(s):

Functional \_\_\_ Hearing \_\_\_ Visual \_\_\_ Cognitive \_\_\_

**Please explain below how the applicant's disability stops the applicant from independently using the BCT fixed-route bus? (BCT Buses are 100% handicapped accessible).**

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I, the undersigned, certify the medical information provided on this TD application is true and correct. I understand providing false or misleading information constitutes fraud and is considered a felony under the laws of the State of Florida.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Florida Medical License Number

\_\_\_\_\_  
Physician's Name (Print Legibly)

\_\_\_\_\_  
Contact Number

**TAB 6**



## Summary of Palm Tran Connection Services

Palm Tran CONNECTION is a shared ride door-to-door, paratransit service that provides public transportation in Palm Beach County. Transportation is provided to eligible riders under the following programs:

- Americans with Disabilities Act (ADA) Program
- Transportation Disadvantaged (TD) Program
- Division of Senior Services (DOSS) Program

### ADA Certification Process

ADA Transportation is provided within the Core service Area and  $\frac{3}{4}$  of a mile of a Palm Tran bus route during the same hours and days as Palm Tran fixed route bus service. To become eligible for ADA service, an individual must have a disability - Medical verification is required - which prevents them from riding the fixed route bus. An individual must first complete an ADA application to be determined eligible for service. The fare is \$3.50 per one-way trip.

- The ADA core service area boundary encompasses all the area east of the Florida Turnpike in Palm Beach County from the South County Line to North County line; and within corridors that extend three-quarters of a mile on either side of the fixed route bus service and will be adjusted as these routes are adjusted. This area may expand and contract during the same days and hours as the fixed route bus service (hours/days/service area).

Even though an ADA customer may reside outside of the core service area, a trip is eligible as long as the origin and destination are within the core service area or within  $\frac{3}{4}$  miles of a fixed bus route. If either the origin or destination is outside of  $\frac{3}{4}$  miles of a fixed bus route, then it is not eligible.

### TD Certification Process

To become eligible for TD service, an individual must either meet the economic disadvantaged requirements of the TD program OR have a disability which prevents them from riding the fixed route bus as defined by the ADA Program. The applicant must submit either proof of income or a physician approved medical verification form with their completed application. Based on the information supplied, the application will be evaluated and their eligibility to use the TD program will be determined. Certification will remain in effect for one (1) year. The fare is \$3.50 per one-way trip.

Federal Poverty Level Guidelines will be used for economic disadvantaged TD certification as follows:

- The applicant will be considered TD if under 150% of the Federal Poverty Level Guidelines.

Eligible TD riders fall under the following transportation options:

#### Low Income:

- TD riders who only meet the economic disadvantaged requirements and do NOT have a disability that prevents them from using the fixed route bus, and whose origin and destination are within the core area or  $\frac{3}{4}$  of a mile from a fixed route bus route must use the fixed route system and will be eligible to purchase a TD 31 day bus pass.

- Riders who meet the income criteria of the TD program – regardless of disability - and whose trip origin and/or destination are outside the core fixed route service area will be eligible for paratransit service under the TD program.

**Disabled Only/Disabled and Low Income and Outside the ADA Core Service Area**

- Eligible TD Disabled only or Disabled and Low Income Riders that are outside the ADA core area and whose trip origin and/or destination are outside the ADA core service area will be eligible for paratransit service under the TD program.

ADA/TD service hours are defined as:

<b><u>Monday - Friday:</u></b>	<b>5:00 AM - 10:00 PM</b>
First pick-up no earlier than:	<b>5:00 AM - 5:30 AM</b>
Last pick-up no later than:	<b>9:00 PM – 9:30 PM</b>
<b><u>Saturday:</u></b>	<b>6:00 AM - 10:45 PM</b>
First pick-up no earlier than:	<b>6:00 AM - 6:30 AM</b>
Last pick-up no later than:	<b>9:00 PM – 9:30 PM</b>
<b><u>Sunday:</u></b>	<b>8:00 AM - 5:45 PM</b>
First pick-up no earlier than:	<b>8:00 AM - 8:30 AM</b>
Last pick-up no later than:	<b>5:00 PM – 5:30 PM</b>

**DOSS Certification Process**

Registration for individuals 60 years of age or older is completed via application verifying the applicants age and eligibility to a DOSS meal site. Service is provided north of Hypoluxo Road for DOSS certified Nutrition Site trips only.

DOSS service is available Monday through Friday from 8:00 a.m. to 5:00 p.m. with the last scheduled pickup of 4:30 p.m. There is no Fare required for DOSS transportation.

\*\*\*\*ADA, TD and DOSS service is not available on New Year’s Day, Easter Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.



## **Really Summarized Version of Palm Tran Connection Services**

**Palm Tran CONNECTION is a shared ride door-to-door, paratransit service that provides transportation in Palm Beach County. Transportation is provided to eligible riders under the following programs:**

### **ADA Certification Process**

**Applicant must have a disability which prevents them from riding the fixed route bus.**

**Service provided within the Core ADA Service Area and  $\frac{3}{4}$  of a mile of a Palm Tran bus route during the same hours and days as Palm Tran fixed route bus service.**

- **The ADA core service area boundary encompasses all the area east of the Florida Turnpike in Palm Beach County from the South County Line to Donald Ross Road; and within corridors that extend three-quarters of a mile on either side of the fixed route bus service and will be adjusted as these routes are adjusted. This area may expand and contract during the same days and hours as the fixed route bus service (hours/days/service area).**

**The fare is \$3.50 per one-way trip.**

### **TD Certification Process**

**To become eligible for TD service, an individual must either meet the economic disadvantaged requirements of the TD program OR have a disability which prevents them from riding the fixed route bus as defined by the ADA Program.**

**The fare is \$3.50 per one-way trip.**

**Low Income - Under 150% of the Federal Poverty Level Guidelines shall be eligible for TD service.**

**Low Income NOT Disabled**

**If customer travels outside the ADA Core Service area they will receive paratransit.**

**If customer travels within the ADA Core Service area they will qualify to purchase a TD 31 day bus pass for and are required to use the fixed route service.**

**Disabled Only/Low Income and Disabled -**

**TD paratransit services shall be provided outside the ADA Core Service area only.**

### **DOSS Certification Process**

**Registration for individuals 60 years of age or older is completed via application verifying the applicants age and eligibility to a DOSS meal site. There is no fare required.**



# Paratransit Eligibility Application

[www.palmtran.org](http://www.palmtran.org)

**Completed applications accepted via mail / fax / email or in person at:**

**Palm Tran CONNECTION**

**Community Transportation Coordinator**

**50 South Military Trail, Suite 101**

**West Palm Beach, Florida 33415**

**Monday – Friday**

**8am – 4:30pm**

**561-649-9838 option 4**

**1-877-870-9849 toll-free outside local calling area**

**Eligibility Fax: 561-656-7156**

**Email: [connpalmeligibility@pbcgov.org](mailto:connpalmeligibility@pbcgov.org)**

**INSTRUCTIONS FOR COMPLETING THIS APPLICATION:** Please complete the appropriate Part(s) of this application depending upon which programs you are eligible for. If you do not complete the appropriate Part(s), we will not consider your eligibility for that program. If you complete two or more Part(s), we will consider your eligibility for multiple programs. **Regardless of program preference, Part 1 must be completed in its entirety.**

**Part 1:** General Rider Information

**Part 2:** Applicant Signature Page

**Part 3:** Verification of Income ***Transportation Disadvantaged Program OR Bus Pass Program***

**Part 4:** Verification of Disability ***Americans with Disabilities Program***

Per the Americans with Disabilities Act (ADA), complementary Paratransit is not intended to be a comprehensive system of transportation for individuals with disabilities.

The completed application will be reviewed within 21 days after it is received by Palm Tran CONNECTION to determine the applicant's eligibility for service. If a decision is not made within 21 days of receiving a completed application, the applicant shall be treated as eligible and shall be provided service unless PTC denies the application. Applicants who are denied eligibility have the right to appeal that decision. Please contact the eligibility department if you have further questions.

The information in this application will be used by Palm Tran CONNECTION for the provision of transportation services. Information will be available to other transit providers as necessary for appropriate transportation services only. The information will not be provided to any other person or agency. This document is available in an alternative format upon request.

**APPLICATIONS ARE PROCESSED IN THE ORDER THEY ARE RECEIVED.**

**PROCESSING APPLICATIONS MAY TAKE FROM 7 TO 21 DAYS OF RECEIPT TO COMPLETE.**

Revised April 2019



## Paratransit Eligibility Process

In compliance with the Americans with Disabilities Act of 1990 (ADA), Palm Tran offers paratransit service for persons with physical, cognitive, visual or other disabilities which functionally prevent them from using our fixed-route bus system permanently, temporarily or under certain conditions. Disability alone does not consent one's eligibility for ADA paratransit service. The decision is based solely on the applicant's functional ability to use Palm Tran fixed-route service. All Palm Tran buses are fully assessable and compliant with the requirements of the ADA. The unavailability of fixed-route service, difficulties using fixed route or long travel times do not constitute eligibility for paratransit service.

### **PALM TRAN CONNECTION APPLICATION PROCESS**

All applicants seeking ADA Paratransit Service must undergo an eligibility determining process. The application process includes, but not limited to:

- A personal assessment or in-person interview may be required to determine applicant's disability.
- A medical verification of the disability completed and signed by a licensed physician.

Functional inability to use public transportation includes the Americans with Disabilities Act (ADA) Categories 1, 2 and 3 as described in this application.

### **AMERICANS WITH DISABILITIES ACT (ADA) CATEGORIES:**

Check the categories of eligibility that you recommend should apply.

1.  The individual is unable, as a result of a physical or mental impairment (*including a vision impairment*), and without the assistance of another individual, (*except the operator of a wheelchair lift or other boarding device*), to board, ride, or disembark from an accessible bus or rail vehicle.
2.  The individual needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride, and disembark from accessible transit vehicles. (*The individual would be eligible if an accessible vehicle is not available.*)
3.  The individual has a specific impairment-related condition which prevents the individual from traveling to or from: Palm Tran fixed route bus stop.
4.  Check here, if none of these categories apply.

# Part 1

## General Rider Information

### Please Print Pick Up Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ Bldg#: \_\_\_\_\_

**\*Address must be clearly visible from the street**

Building/Complex or Development Name: \_\_\_\_\_ (or  
closest cross street/major intersection)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

### Mailing Address if different

Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ Bldg#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **In case of emergency, please notify:**

Contact Name/Relationship/Address	Contact Phone Number

### **A. Please indicate below if you use any of the following mobility aids or equipment (check all that apply)**

- Cane
- Walker
- Wide Walker
- Crutches
- Standard Wheelchair
- Wide Wheelchair
- Leg Braces
- Electric Wheelchair
- Wide Electric Wheelchair
- Oxygen
- Electric Scooter/Cart
- Wide Electric Scooter/Cart
- Service Animal
- White Cane (blind)
- Sighted (person) Guide
- Portable Medical Equipment (oxygen tank, etc.)
- Other (please specify) \_\_\_\_\_
- I don't use any of the above mobility aids or equipment

**Note: We may not be able to accommodate you if your wheelchair/scooter is longer than 54 inches or wider than 34 inches or if your total weight when occupying your wheelchair exceeds 600 pounds.**

## Part 1 (Continued)

**B. Do you require the assistance of a Personal Care Attendant (PCA) (someone who must travel with you to assist you with daily life functions)?**

No                       Always                       Sometimes

***A PCA is not provided by Palm Tran Connection. Personal Care Attendant (PCA) is someone who is provided by you, to help with your personal needs, including traveling. A PCA may always travel with an eligible client.***

***\*Please note that we may require you to travel with a PCA if your condition or disability is severe.***

**C. Do you need to have information given to you in an alternative format? If yes, please**

**indicate:**  Large print                       Other: \_\_\_\_\_

## Part 2

### Applicant Certification – Signature

I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility for the provision of transportation services. Your information will also be available to other transit providers as necessary for appropriate transportation services. The information will not be provided to any other person or agency. I certify that, to the best of my knowledge, the information in this evaluation form is true and correct. Any person who knowingly makes a false or misleading statement in an application may be denied eligibility for Paratransit services.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If applicant is unable to sign due to disability, a Power of Attorney or Health Care Proxy document is required.**

If someone assisted you in completing this form, please provide contact information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **In Case of an Evacuation:**

In the event of a mandatory evacuation order issued by Palm Beach County Emergency Management due to a Hurricane or Flood, would you need transportation to a shelter?

Yes                       No

To register for the Special Care Unit, please contact the Palm Beach County Emergency Operations Center at (561) 712-6400.

**Be advised Nursing Homes, Assisted Living and Rehabilitation Facilities are responsible for the transportation of their resident to a shelter due to a mandatory evacuation order issued by Palm Beach County Emergency Management.**

## Part 3 Transportation Disadvantaged (TD) Program – Does not require a disability. Application Certification – Verification of Income

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### A. To apply for the Transportation Disadvantaged (TD) Program, please complete the following:

Total monthly income \$ \_\_\_\_\_

Please **attach proof** of your total income, before tax, including wages, tips, any Social Security income, Pension and other.

#### Acceptable forms of proof include:

- |   |   |
|---|---|
| 1 <sup>st</sup> page of your Tax return | DCF Benefit Letter                            |
| Minimum of (2) pay stub statements      | Retirement/Pension Statement                  |
| Social Security Income verification     | Unemployment Compensation Income verification |

### Do you have a physical or mental impairment that substantially limits one or more of the major life activities?\*

No       Always       Sometimes

#### If yes, Please specify the nature of the impairment:

- Mobility Impairment (Stroke, brain spinal nerve trauma)
- Neurological Disability (MS, MD, Cerebral Palsy, Epilepsy, Alzheimer's, Parkinson's, other)
- Visual Disability (Macular Degeneration, visually impaired, legally blind)
- Uncontrolled Fatigue (Chemo/Radiation, Dialysis)
- Cognitive or Sensory Impairment (Autism, down syndrome, dementia, developmental, other)
- Impairment Related (Hearing impaired, Cardiac/COPD, respiratory, arthritis, neuropathy)

\*Question is required, but not used in determining your eligibility

## Part 4 Applicant Certification – Verification of Disability

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### A. To apply for the American's With Disability Act Program, please complete the following:

#### Please indicate below the reasons why you are seeking Door to Door eligibility (check all that apply)

To qualify for Palm Tran CONNECTION a person must be **UNABLE** to use Palm Tran fixed-route buses due to a physical or mental impairment related condition

- Because of my disability, I can **never** use the Palm Tran fixed-route bus service
- I can use Palm Tran fixed-route buses sometimes, but only if they are equipped with wheelchair lifts
- I can use Palm Tran fixed-routes buses to go some places, but in other places I cannot get to or from the bus stops

## Part 4 (Continued)

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**B. What type(s) of disabilities prevent you from using Palm Tran buses? (check all that apply):**

- Mobility Impairment (Stroke, brain spinal nerve trauma)
- Neurological Disability (MS, MD, Cerebral Palsy, Epilepsy, Alzheimer's, Parkinson's, other)
- Visual Disability (Macular Degeneration, visually impaired, legally blind)
- Uncontrolled Fatigue (Chemo/Radiation, Dialysis)
- Cognitive or Sensory Impairment (Autism, down syndrome, dementia, developmental, other)
- Impairment Related (Hearing impaired, Cardiac/COPD, respiratory, arthritis, neuropathy)

**Please describe your disability in more detail:** \_\_\_\_\_

---

**C. Is the disability described above temporary or permanent?**

- Temporary, I expect it to last for another \_\_\_\_\_ months
- Permanent
- I don't know

**D. Have you ever used Palm Tran fixed-route bus service?**

- Yes, I use the following bus routes \_\_\_\_\_
- No

**E. When are you UNABLE to use the Palm Tran fixed-route bus? (Please indicate below – check all that apply to you)**

- I can use Palm Tran regular bus service for some trips, but other times there are barriers that prevent me from using the bus.
- I have difficulty understanding, become disoriented easily and/or remembering all of the things I would have to do to use the bus.
- I can only get to and from bus stops if the distance is not too great and there are curb cuts and sidewalks on the route.
- I can only wait at Palm Tran bus stops if there is a bench or shelter and/or I cannot cross busy streets and intersections.
- The severity of my disability can change from day to day. I can ride the bus only when I am feeling good.
- I have difficulty or cannot climb stairs and can only board a Palm Tran bus if it has a lift or ramp.
- I have a health condition and cannot ride the bus if the walk is too far or if the weather is too hot.

## Part 4 Continued

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**F. Would any of the following help you to use the fixed-route buses?**

- Route and schedule information
- Bus stops closer to your home
- A communication aid
- Bus stops closer to where I live and where I need to go
- None of these would help
- Travel Training (how to ride the bus)

**G. Can you ask for and follow written or verbal instructions to use Palm Tran fixed-route buses?**

- Yes                       No                       Sometimes

**If you choose either NO or sometimes, please check all that apply**

- I get confused and might get lost
- I probably could with instruction
- Other people cannot understand me
- Other: \_\_\_\_\_

**H. Without the help of someone else, are you ABLE to do the following? (check all that apply)**

- Walk up and down three steps if there are handrails on both sides
- Use a telephone to get information
- Ask for and follow written or oral instructions
- Cross the street if there are curb cuts
- Get on and off a Palm Tran bus if it has a wheelchair lift
- Wait 30 minutes at a bus stop that does not have a bench or shelter
- Easily hear the bus drivers' voices when they announce bus routes while you are standing outside or inside the bus
- Step on and off a sidewalk that does not have a curb cut
- Cross streets and intersections
- Hear traffic well enough to safely cross streets
- See well enough to walk to a bus stop if someone shows you the way once



## Part 4 Continued

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**I. Using a mobility aid (wheelchair, etc.) or on your own, how far can you walk or travel?**

- Cannot walk outside my house/apartment
- I can get to the curb in front of my house/apartment
- I can walk or use wheelchair up to 3 blocks
- I can walk or use wheelchair up to 6 blocks
- I can walk or use wheelchair up to 9 blocks

**J. Can you WAIT up to 30 minutes for the Palm Tran fixed-route bus at a bus stop?**

- Yes
  - Yes, only if the stop has a bench and shelter
  - Yes, but I do not like to wait that long
  - No, explain: \_\_\_\_\_
- 

**If applying for the Americans with Disabilities Program or the Transportation Disadvantaged Program, please have your PHYSICIAN complete the attached (MEDICAL VERIFICATION FORM)**



# MEDICAL VERIFICATION

(THIS PORTION TO BE COMPLETED BY APPLICANT)

Please Print/Type Below

I certify that I am a person with a disability as described by the American with Disabilities Act. I further state that my physician or other certifying practitioner has completed the statement of certification below on my behalf, as required.

Name of Applicant as printed on the Identification

Signature of Applicant, Parent or Guardian of Applicant

Date of Birth

Sex

Date Signed

Street Address

City

State

Zip Code

## MEDICAL VERIFICATION, CONTINUED

(THIS PORTION TO BE COMPLETED BY A LICENSED PHYSICIAN)

1. Keeping in mind that all Palm Tran buses are 100% wheelchair accessible, can the applicant ever use a regular bus?  
 Yes       No       Sometimes

### 2. MOBILITY IMPAIRMENT:

- Non-ambulatory disability (required wheelchair to travel) Please specify the condition which requires full time use of a wheelchair. \_\_\_\_\_
- Ambulatory disability (ambulation may be limited, but able to walk with or without mobility aid, may use wheelchair but can transfer to a seat with little or no assistance).
- Amputation (detail extremity): \_\_\_\_\_
- Stroke
- Brain Spinal Nerve Trauma
- Other: \_\_\_\_\_

### 3. MOBILITY AID: PLEASE INDICATE ALL THAT APPLY

- Standard Wheelchair       Cane       Other: \_\_\_\_\_
- Wide Wheelchair       Walker
- Scooter       Crutches \_\_\_\_\_
- Wide Scooter       Braces
- Service Animal

### 4. NEUROLOGICAL DISABILITY (MOTOR DYSFUNCTION):

- Multiple Sclerosis       Epilepsy       Other: \_\_\_\_\_
- Muscular Dystrophy       Alzheimer's
- Cerebral Palsy       Parkinson's \_\_\_\_\_

### 5. VISUAL DISABILITY:

- Macular Degeneration
- Visually Impaired
- Legally Blind – If this person is legally blind complete the following:  
Corrected visual acuity: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ (Please attach Snellen reports of both eyes)  
Corrected Field of vision: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ (Please attach Perimeter chart reports of both eyes)

### 6. UNCONTROLLED FATIGUE:

- Chemo/Radiation       Dialysis



# MEDICAL VERIFICATION, CONTINUED

(TO BE COMPLETED BY A LICENSED PHYSICIAN)

### 7. COGNITIVE OR SENSORY IMPAIRMENT:

- Autism
- Dementia
- Other: \_\_\_\_\_
- Down Syndrome
- Alzheimer's
- Developmental Disability
- Emotional \_\_\_\_\_

Level of impairment:  Mild  Moderate  Severe  Profound I.Q.: \_\_\_\_\_ (Must specify)

### 8. IMPAIRMENT RELATED CONDITION:

- Hearing Impaired
- Arthritis
- Other: \_\_\_\_\_
- Cardiac
- Neuropathy
- Respiratory / COPD \_\_\_\_\_

### 9. DESCRIBE IN DETAIL THE APPLICANT'S PRIMARY DISABILITY: (BE SPECIFIC):

\_\_\_\_\_  
\_\_\_\_\_

### 10. IS THIS DISABILITY:

- Permanent
- Temporary: This is to certify that the applicant stated within is a person with a temporary disability (six months or less) that limits or impairs his/her ability to walk or is temporarily sight impaired.

**Date of Disability:** \_\_\_\_\_ **through recovery date of** \_\_\_\_\_

Is this disability controlled by medication?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach any pertinent medical documentation (Test Results, Notes, Reports, etc.) that would help to explain the diagnosis or limitations on the applicant's ability to utilize Palm Tran's mass transit system.

**WARNING: Any person who knowingly makes a false or misleading statement in an application or certification may be denied eligibility to Paratransit services.**

Print/Type Name of Certifying **Medical** Authority \_\_\_\_\_ Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Business Street Address \_\_\_\_\_ (Area Code) Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Certification or License No. (REQUIRED)** \_\_\_\_\_

**LICENSED IN THE STATE OF:** \_\_\_\_\_



## ENGLISH VERSION



50 South Military Trail, Suite 101  
West Palm Beach, Florida 33415



**Palm Beach County**  
**Board of County Commissioners**

County Administrator  
Verdenia C. Baker

