



Application for the Transportation Disadvantaged (TD) Program
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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: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

DATE OF BIRTH: _____

1. Do you already have a ride available to vital trips (work, food, Dr.)?
 Yes, most of the time No, not most of the time

2. Are you eligible for a bus pass from: Medicaid, an agency or church??
 Yes No
If Yes, please specify which one: _____

3. Students and employees at St Petersburg College, USF-St Pete, or City of St Petersburg show that ID to get free rides on PSTA. Do you have one of these ID's?
 Yes No

4. Can you use PSTA's accessible buses for all of your life-sustaining trips?
 Yes No

If no, why not? _____

5. Please write your ID number for each program below to which you are eligible:

MEDICAID #: _____

MEDICARE #: _____

AGENCY NAME: _____



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6. Do you have any physical or mental disabilities?

Yes No

If yes, what type(s)? _____

7. Does anyone in your household require a wheelchair?

Yes No

8. 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

9. How many persons are in your household (Household includes yourself and any relatives living at the same address)? _____

10. What is your household's Monthly Gross Income from the table above?

11. 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 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.



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NAME: _____

DATE OF BIRTH: _____

12. 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 between the 1st–15th of each month, with a valid government-issued photo ID. See the Transportation Disadvantaged page at 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