Transportation Disadvantaged Program Application

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If you wish to receive transportation assistance through the Transportation Disadvantaged Program, you must complete this form and return it to the address on back. Incomplete applications will be returned.

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

DATE OF BIRTH: _____

1. Do you have use of an automobile?

☐ YES ☐ NO

2. Do you have any family or friends who can take you to obtain goods and services as necessary?

☐ YES ☐ NO

If no, how were you getting around before? _____

3. Can you use public transport (public bus) to get where you need to go?

☐ YES ☐ NO

If no, why not? _____

4. Are you presently enrolled in any Government assistance programs, such as AFDC, Food Stamps, Medicaid, JTPA, or County Social Services? If so, please list the program(s) you are in and your ID number for each program.

☐ YES ☐ NO

MEDICAID #: _____

MEDICARE #: _____

OTHER PROGRAMS (Please list program name and ID #): _____

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5. Do you have any physical or mental disabilities?

☐ YES ☐ NO

If yes, please describe? _____

6. How many trips do you expect to take in an average month in the following categories? Enter the number of trips expected per month.

☐ Medical (medical, dental, eye, support groups, pharmacy, etc)
☐ Banks, social service offices, human services offices, utility companies
☐ Grocery trips
☐ Employment
☐ Education related to employment (to lead to or maintain employment)

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

8. What is your current household monthly gross (before tax) income?
(Include all sources, such as employment, Social Security, interest, or any other source of income) List all income by source, complete the form at the end of this application, and attach required documentation listed on the form.

TOTAL MONTHLY HOUSEHOLD INCOME: **$** _____

9. Does anyone in your household require a wheelchair?

☐ YES ☐ NO

TO RECEIVE SERVICES YOU MUST COMPLETELY FILL OUT THIS FORM AND SIGN AND DATE BELOW.

By signing this form, I am stating that the information I have given is true and complete to the best of my knowledge:

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN THE COMPLETED FORM TO:
Pinellas Suncoast Transit Authority
Attention: TD Program Office
3201 Scherer Drive
Saint Petersburg, FL 33716
Phone: 727-540-1900
Fax: 727-540-1923

Transportation Disadvantaged Program Income Verification Form

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

NAME: _____

ADDRESS: _____

_____

PHONE NUMBER: _____

TOTAL MONTHLY HOUSEHOLD INCOME: **$** _____

NUMBER OF PEOPLE IN HOUSEHOLD: _____

Complete the table below for each immediate family member of your household (YOURSELF, spouse, mother, father, sons, daughters, stepchildren, brothers, sisters, grandparents and grandchildren living at the same address):

Name	Date of Birth	Relationship to You	Monthly Income

Attach 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 to this completed form.* **Please provide copies as documents submitted will not be returned.**

Acceptable forms of proof include:

- 1st page of your tax return
- DCF Benefit Letter
- Minimum of (2) pay stub statements
- Unemployment Compensation Income Verification
- Social Security Income Verification or Proof of Income Letter (includes SSI and SSDI)
- Retirement/Pension Statement (includes VA)

If you have no income, you must submit a signed letter, on letterhead, from a social service agency or similar organization verifying that you have no income.

Fax or mail completed form and proof of income documents to:

Pinellas Suncoast Transit Authority
Attention: TD Program Office
3201 Scherer Drive
Saint Petersburg, FL 33716
Phone: 727-540-1900
Fax: 727-540-1923

Transportation Disadvantaged (TD) Program Trip Verification Form

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You will need to complete this form when you first apply for a Transportation Disadvantaged (TD) bus pass, and during annual recertification. In both cases, return this form with your application to PSTA. The fax number and address for PSTA are at the end of this form.

You also need to complete this form every month in which you believe you will qualify for a 31-Day TD pass in the following month, by working 30 hours or more per week, OR by having at least 10 verifiable medical trips. PSTA must receive this form by the 15th of the prior month (by January 15 for a February bus pass). For your convenience, you can drop-off this form when you purchase your bus pass at the PSTA Customer Service Center at Williams Park, Grand Central Station, or Park Street Terminal. **PAGE 2 MUST BE COMPLETED TO QUALIFY FOR A 31-DAY TD BUS PASS**.

If you are applying for a 10-Day bus pass, you do not need to submit this form each month.

Once approved, bring $5.00 cash for a 10-Day bus pass, or $8.25 cash for a 31-Day bus pass, along with a valid, government-issued photo ID to the PSTA Customer Service Centers listed above between the 1st – 15th of the month. You can get a blank copy of this form there as well.

Call PSTA's InfoLine at (727) 540-1900 to find out which bus pass you are approved to receive.

Client's Name: _____

Date of Birth: _____

How many times during a typical month will you use your pass? _____

How many times do you expect to use your bus pass for the following types of trips?

Medical related (list ALL on page 2; add pages as needed)**:** _____
This includes dentist/medical appointments, pharmacy, mental health clinics, and NA support groups.

Grocery stores: _____

Government/Social services offices, bank, utility: _____

Employment (list employer information for verification on page 2)**:** _____

Job-related Education: _____

PAGE 2 MUST BE COMPLETED TO QUALIFY FOR A 31-DAY TD BUS PASS.

Bring this completed form to a Customer Service Center, mail or fax by the 15th to:

Pinellas Suncoast Transit Authority
Attention: TD Program Office
3201 Scherer Drive
Saint Petersburg, FL 33716
Phone: 727-540-1900
Fax: 727-540-1923

Transportation Disadvantaged (TD) Program Trip Verification Form

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Client's Name: _____

Date of Birth: _____

Medical Trip info: You must provide complete information for all medical trips. Write trip info on additional pages if needed. Include support groups.

Office Name 1: _____ **Office Name 2:** _____

Office Phone: _____ **Office Phone:** _____

Office Address: _____ **Office Address:** _____

Dates or # times: _____ **Dates or # times/mo.:** _____

Office Name 3: _____ **Office Name 4:** _____

Office Phone: _____ **Office Phone:** _____

Office Address: _____ **Office Address:** _____

Dates or # times: _____ **Dates or # times/mo.:** _____

Work info:

Employer: _____

Employer Phone: _____

Supervisor Name: _____

Work Address: _____

Days Worked: _____ **per week** **Hourly Wage:** _____

Daily Hours: _____ **Hours/Week:** _____

Bring this completed form to a Customer Service Center, mail or fax by the 15th to:

Pinellas Suncoast Transit Authority
Attention: TD Program Office
3201 Scherer Drive
Saint Petersburg, FL 33716
Phone: 727-540-1900
Fax: 727-540-1923