

TRI-COUNTY COMMUNITY COUNCIL, INC.

Application for Transportation Disadvantaged Eligibility

SECTION 1 - DETERMINATION OF ELIGIBILITY

Last Name _____ First Name _____ MI _____

Street Address _____ APT # _____

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

County _____ Telephone # _____ TDD # _____

*Sex: Male / Female *Race _____ DOB _____ Last Four # of Social _____

***Data collected for Nondiscrimination purposes**

Are you a veteran? Yes _____ No _____

Emergency Contact _____ Relationship _____ Phone # _____

Directions to your Home _____

SECTION 2 - AVAILABILITY OF TRANSPORTATION TO OTHER COMMUNITY LOCATIONS

Answer Yes/No

___ Do you own a vehicle?	Year	Model
___ Do you have a valid FL Driver's License?	DL #	
___ Are there restrictions on Driver's License?	If yes, list	
___ Can you operate your vehicle?	If no, why?	
___ Do you have access to alternate means of transportation?		
___ Do you live in a facility that provides transportation?		
___ Could this facility transport you? If no, why?		

Explain _____

Please explain how you previously got to your appointments? _____

SECTION 3 - AVAILABILITY OF FEDERALLY FUNDED TRANSPORTATION

Are you enrolled in any other program that will pay for or provide transportation? Yes / No

If YES, please describe them below.

Transportation Disadvantaged _____ Other _____

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SECTION 4 - SPECIAL NEEDS

Please check any special needs, services, or modes of transportation you require during transportation:

- Manual Wheelchair, Power Wheelchair, Walker, Cane, Respirator, Service Animal, Stretcher, Personal Care Attendant (PCA), Cultural Considerations (Explain Below)

Are special needs accommodations permanent or temporary?

If temporary, what is anticipated length of time?

Additional Information:

SECTION 5 - CERTIFICATION AND ACKNOWLEDGEMENT

I understand and affirm the information contained in this application for Transportation Disadvantaged services is true and correct. I understand that providing false or misleading information, or making false statements on behalf of others constitutes fraud and is considered a felony under the laws of the State of Florida. The information contained in this application will be shared only with professionals involved in evaluating eligibility for Tri-county Community Council, Inc.

Applicant Signature Date

PLEASE RETURN THIS FORM TO: Tri-County Community Council, Inc. P.O. Box 1210 Bonifay, FL 32425 Tel: 850-547-3688

SECTION 6 - RESULTS OF INTERVIEW

DO NOT WRITE IN THIS SPACE - OFFICIAL USE ONLY

New Eligibility Application: Yes / No Redetermination: Yes / No Date Received:

Reviewed by: PCA/Escort Needed: Yes / No

Date Approved or Denied:

Reason for Denial: