
Applicant Name

LAKE COUNTY CONNECTION
Application for Transportation Disadvantaged Services

Instructions to Applicant or Proxy:

1. Are you requesting transportation services for Dialysis or Chemo? Yes No

Please be sure to print and complete all information requested and sign where indicated.

2. All provided information may be verified and confirmed. You may attach supporting documentation.

3. Completing this application does not automatically certify you for paratransit services. Applicants may be required to go through a functional assessment to assist us in determining your level of eligibility. All applicants will be notified of the outcome of their application.

If you would like to be notified by e-mail, please check this box.

WHEN COMPLETED, PLEASE RETURN THIS FORM TO:

Lake County Connection dba
 Lake County Transit Management, Inc.
 560 East Burleigh Blvd
 Tavares, FL 32778

Telephone: (352) 742-2612
 Fax No. (352) 508-5488
 E-mail: lctm@ratpdev.com

OFFICE USE ONLY

Date Received: _____ **New Application:** **Approved** **Date:** _____

Recertification: **Denied** **Date:** _____

Reason for Denial: _____

Reviewed By: _____ **Funding Source:** FDOT Medicaid
 TD

Applicant Notified By: _____ **Date:** _____

Method Used to Notify Applicant: Telephone Mail
 E-mail Other _____

Do you have relatives or friends who can transport you? Yes ___ No ___

What are the names and ages, including yourself, of the people living in your household?

Does anyone living in your household own a car? Yes ___ No ___

What is the **combined** monthly household income of everyone living in the home? _____

Are you currently receiving public assistance such as food stamps? Yes ___ No ___

Monthly Income: **In order to process your application, proof of income must be submitted with your application.**

Salary \$ _____ SSI \$ _____ Social Security \$ _____ Retirement \$ _____ Other \$ _____

Monthly Expenses: **If you are a roomer or boarder you must provide a notarized statement from your landlord listing the amount you pay for board, utilities and meals.**

Housing \$ _____ Utilities \$ _____ Vehicle \$ _____ Food \$ _____ Cable \$ _____

Phone \$ _____ Cell Phone \$ _____ Medical \$ _____ Pharmacy \$ _____ Fuel \$ _____

Home Insurance \$ _____ Car Insurance \$ _____ Other \$ _____

Total Monthly Household Expenses \$ _____

Would you ride LakeXpress if you were provided with a free bus pass? Yes ___ No ___

Functional Ability

Without the assistance of someone else, can you:

Board a bus?	Yes ___ No ___	Read/understand directions?	Yes ___ No ___
Handle coins and bus transfers?	Yes ___ No ___	Travel on a sidewalk?	Yes ___ No ___
Travel to the nearest bus stop?	Yes ___ No ___	Stand at a bus stop?	Yes ___ No ___
Identify the correct bus?	Yes ___ No ___	Walk ¾ mile?	Yes ___ No ___
Climb a 12 inch step?	Yes ___ No ___	Cross a street?	Yes ___ No ___
Balance yourself while seated?	Yes ___ No ___	Grip handles and railings?	Yes ___ No ___
Give your address and phone number?	Yes ___ No ___	Recognize landmarks?	Yes ___ No ___
Wait outside for more than 15 minutes?	Yes ___ No ___	Travel through crowds?	Yes ___ No ___

Please check the condition(s) which prevents you from accessing a regular LakeXpress fixed route bus.

___ None

___ The bus stop is too far or the bus does not run where I need to go.

___ My disability prevents me from using the regular fixed route bus system.

___ I need transportation to and from medical appointments outside of Lake County.

Certification and Acknowledgement

I understand and affirm that the information provided in this application for Non-Emergency Transportation Disadvantaged services is true and correct to the best of my knowledge and will be kept confidential and shared only with medical and transportation professionals involved in evaluating and determining my needs and eligibility for transportation to and from eligible services as well as appointments.

I understand that providing false or misleading information or making fraudulent claims or making false statements on behalf of others could constitute a felony under the laws of the State of Florida and could result in my eligibility status being revoked. I agree to notify Lake County Connection if there is any change in circumstances or I no longer need to use Paratransit services. I understand if I am approved for the Transportation Disadvantaged Program I must be recertified one year from the date of approval for services.

Lake County Board of County Commissioners and our Operator, Lake County Transit Management, Inc. collects your social security number, if applicable, for the following purposes:

- Identification and verification
- Billing and payments
- Benefit processing

Social security numbers may be used as a unique numeric identifier and may be used for search purposes.

Applicant's Signature	Date
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Signing for Applicant	Relationship	Date
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