

**ELIGIBILITY APPLICATION FOR SHARED RIDE
PARATRANSIT (DOOR-TO-DOOR) SERVICE**

Applicant Name (please print legibly)

All applications are accepted Monday through Friday from 8 AM to 5 PM
by either Mail, Fax, or Email to:
Lake County Transit Management
560 E. Burleigh Blvd., Tavares, FL 32778
Phone: 352-742-2612 extension 2 Fax: 352-508-5488
Email: lctm@ratpdev.com

1. What type of paratransit services are you applying for ADA* and/or TD*
**Note: See page 3 for details and criteria for each service*

2. TD Bus Pass Program

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

OFFICE USE ONLY

Date Received: _____ New Application: Recertification:

Applicant's Customer ID #: _____ Log #: _____

Approved: Date: _____ Supporting Docs: _____

Criteria: Age 60+: Below 200% Poverty: Disabled: Other: _____

Approved Funding Source: ADA TD FDOT

Denied: Date: _____ Reason for Denial: _____

Pending Date: _____ Reason for Pending: _____

Method Applicant was notified by: _____ Date: _____

Reviewed by: _____ Date: _____

**If you are seeking Medicaid Transportation, please call (866) 762-2237
Florida Relay Voice: (800) 955-5700; TTY: (800) 955-8771**

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

1. When completing the application, please type or print legibly and sign where indicated.
2. Unreadable, incomplete, pictures of the application and/or unsigned applications will not be accepted and will be returned. Acceptable formats of the application are typed, handwritten or PDF.
3. Processing of this application can take up to **21** calendar days. The 21-day period begins after a completed (includes the required supporting documentation) application is received.
4. All applicants will be notified of the application outcome by letter or email.
5. Applications will remain active for 730 calendar days (two years).
6. Completing this application does not automatically certify the applicant for ADA or TD services.

Lake County Connection will use the information in this application for the provision of transportation services only. The information will not be provided to any other person or agency outside of the Lake County Transit system.

INFORMATION ABOUT LAKE COUNTY CONNECTION SERVICES

Lake County Connection is a shared ride Paratransit (door-to-door) service that offers Americans with Disabilities Act (ADA) of 1990 and transportation mandated by the Florida Commission for the Transportation Disadvantaged (TD). Applicants may qualify for more than one program.

Lake County Connection can be used for medical appointments, nutritional (includes grocery shopping), employment, educational and life sustaining trips. The information requested on this application is intended to help us determine the funding program you may qualify for.

In order to assist in determining your level of eligibility, applicants may be required to attend an in-person interview. All information provided may be verified and confirmed. Please feel free to attach any required supporting documentation.

All applicants, new, recertifying, nursing home or dialysis must complete the application.

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.
- ❖ In order to determine that applicant meets the program eligibility criteria for TD, the applicant must first have no other means of transportation available to them (including LakeXpress fixed route bus service) and meet at least one of the following criteria:
 - Applicant is age 60 +; 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>)
- ❖ 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 (recreational).
- ❖ 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.

For ADA and TD transportation, please complete Part I

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____ Apt#: _____ Bldg#: _____

City: _____ State: _____ Zip Code: _____

Name of subdivision, complex, facility name, nearest intersection or bus route:

If this is a gated community, please provide the gate code: _____

Mailing Address (if different from above): _____

Male Female Date of Birth: _____ SSN: _____

Are you a Medicaid Recipient? Yes No Medicaid #: _____

Home Phone: _____ Cell Phone: _____

E-mail (optional): _____

Primary Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Secondary Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Do you require materials or correspondence in an alternative format? If so, please specify;

Large Print Audio by CD or Flash Drive

If the applicant received assistance completing this application, please provide:

Name: _____ Relationship: _____ Phone: _____

Do you authorize this person or anyone else to assist you with future travel arrangements?

(please provide names and phone numbers): _____

Does the facility you live in have a vehicle to transport residents? Yes No

Have you ever been transported by this facility? Yes No

List any impairments, disabilities, or other conditions you may have that prevent you from using LakeXpress fixed route bus services:

How long have you had this condition? _____ Is your condition permanent? _____

Please indicate below if you use any of the following mobility aides or equipment:

- Wheelchair
- Powered Scooter
- Powered Wheelchair
- Walker
- Long White Cane
- Portable Oxygen
- Cane
- Leg Braces
- Crutches
- Assisted Walking
- Needs Personal Care Attendant / Escort
- Service Animal (describe): _____
- Other: _____

For ADA Paratransit services, please complete Part II

ADA Functional Ability

Without the assistance of someone else, can you:

- | | | | | | | | | | |
|--|--------------------------|-----|--------------------------|----|-----------------------------|--------------------------|-----|--------------------------|----|
| Board a bus? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Read/understand directions? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Handle coins and bus transfers? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Travel on a sidewalk? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Travel to the nearest bus stop? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Stand at a bus stop? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Identify the correct bus? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Walk ¼ mile? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Climb a 12 inch step? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Cross a street? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Balance yourself while seated? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Grip handles and railings? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Give your address and phone number? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Recognize landmarks? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Wait outside for more than 15 minutes? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Travel through crowds? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Are you able to travel alone? Yes No

If you use a mobility aid, is the doorway / entrance of your residence accessible*? Yes No

** Note: LCC driver cannot assist mobility devices into or out of a residence, up and down stairs, grass or through sand.*

Have you used or are you currently using the LakeXpress bus service*? Yes No

**Note all buses are fully accessible with wheelchair lifts and many can kneel for easy access.*

How far can you walk? _____ How far can you walk with a mobility aid? _____

Do you need the wheelchair lift in order to board the bus? Yes No

Do you have any limbs that are in a cast, brace, fused or otherwise unbendable? Yes No

What other means of transportation are available for you to use? _____

If you do not use the LakeXpress service, please read the following statements and check those which apply to you. You may select more than one.

- I have a temporary disability which prevents me from getting to the bus stop or using the service. I will need ADA service only until I recover.
- I cannot get to the bus stop.
- I have a cognitive disability which prevents me from remembering and understanding all I must do to find my way to, and from the bus stop, and to ride the bus.
- I have a visual disability which prevents me from finding my way to and from the bus stop.
- I have a severe medical condition. My condition results in an impairment which makes it impossible for me to use regular bus service.
- I have an episodic disability. I can use the LakeXpress bus service on days when I am feeling well, but on bad days, I can't make it to the bus stop, or even get on the bus.

NOTE: Lake County Office of Transit Services offers Travel Training for LakeXpress (LX) fixed route bus to teach individuals how to use the LX bus service. Participation in the Travel Training Program will not affect your eligibility for ADA paratransit service.

Check here if you are interested in receiving additional information on Travel Training.

ADA Paratransit Services requires that a Medical Verification Form be completed by a licensed medical professional. The Medical Verification Form is the last two (2) pages of this application.

Certification and Acknowledgement

I understand and affirm that the information provided in this application for ADA transportation 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 services to and from eligible 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 circumstance or I no longer need to use ADA services. I understand if I am approved for the ADA Program, I must be recertified two years 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 Signature: _____ Date: _____

Signing for Applicant: _____ Date: _____

Relationship to Applicant: _____

For TD transportation, please complete Part III
--

Please check all that apply to you.

Is the LakeXpress fixed route bus service accessible from your home? Yes No

Are there any circumstances preventing you from using the LakeXpress bus service? Yes No

If yes, please describe: _____

Do you have weekly scheduled medical appointments? Yes No

How many medical appointments do you usually have in a month? _____

How do you currently travel to your destination?

Bus Taxi Drive yourself Other (please explain) _____

What prevents you from driving your car? _____

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

If yes, how many and please explain why they are not available for use: _____

Please indicate the reason you are seeking Transportation Disadvantaged services eligibility (check all that apply):

I do not live on a bus route services by LakeXpress.

I am age 60 years old or older.

My income level falls below current federal poverty guidelines (proof of income is required).

I have a disability preventing the use of a bus route serviced by LakeXpress.

Other (please specify): _____

Verification of Income

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

If so, how much do you receive monthly? \$ _____

Monthly Income: Include all wages, disability payments, Social Security payments, pensions, dividends, investments, etc. what is your total gross annual household income? In order to process your application, **proof of income (required for everyone living in the house)** must be submitted with your application.

Salary: \$ _____ SSI: \$ _____ SSDI: \$ _____ Pension: \$ _____

Interest/Dividends: \$ _____ Workman's Comp: \$ _____ Relatives: \$ _____

Other: \$ _____

Acceptable forms of proof of income. Provide proof of all that you receive:

- **First (1st) page of your Tax Return**
- **Department of Children and Families Benefit Letter**
- **Current Paycheck Stubs (minimum of two (2))**
- **Social Security Income Verification**
- **Retirement / Pension Statement**
- **Bank Statement (two consecutive months)**
- **Unemployment Compensation Income Verification**

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.

If you do not have any income, please provide a notarized letter from the person or entity that is supporting you.

Monthly Expenses:

Housing: \$ _____ Utilities: \$ _____ Vehicle: \$ _____ Food: \$ _____

Cable: \$ _____ Phone: \$ _____ Cell Phone: \$ _____ Medical: \$ _____

Pharmacy: \$ _____ Fuel: \$ _____ Home Insurance: \$ _____

Car Insurance: \$ _____ Other: _____ Cost: \$ _____

Total Monthly Household Expenses: \$ _____

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

Certification and Acknowledgement

I understand and affirm that the information provided in this application for 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 circumstance or I no longer need to use TD services. I understand if I am approved for the TD Program, I must be recertified two years 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 Signature: _____ Date: _____

Signing for Applicant: _____ Date: _____

Relationship to Applicant: _____

(Left Intentionally Blank)

Medical Verification Form

If you are applying for ADA Paratransit door-to-door services due to a medical verified physical disability, cognitive condition, or impairment, this Medical Verification Form must be completed and signed by a licensed medical professional. Accepted medical professionals include:

• Medical Doctor	• Audiologist	• Registered Nurse
• Doctor of Osteopathic Medicine	• Ophthalmologist	• Physical Therapist
• Doctor of Chiropractic	• Psychologist	• Licensed Practical Nurse
• Occupational Therapist (Licensed/Registered)	• ARNP	

Be sure to print your name, date of birth, and the last 4 digits of your Social Security Number on the form to assist your medical professional.

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: _____ Last 4 digits of Social Security Number: _____

Applicant’s Release

I understand that the purpose of this evaluation form is to determine my eligibility for ADA paratransit service. 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. I hereby authorize my medical representative to release all information regarding my medical condition to Lake County Connection D.B.A. Lake County Transit Management. I understand that providing false or misleading information could result in my eligibility status being revoked. I agree to notify Lake County Connection within 10 days if there is any change in circumstances or I no longer need to use ADA services.

Applicants Signature: _____ Date: _____

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

Signing for Applicant: _____

Relationship to Applicant: _____ Date: _____

The following portion must be completed by a Medical Professional

Dear Medical Professional:

In order to process this applicant’s request for Lake County Connection Paratransit Door-to-Door transportation services eligibility, we require this form to be completed.

Only a licensed Medical Professional having knowledge of the applicant's functional ability to use the LakeXpress fixed route bus service should complete this form. All LakeXpress fixed route vehicles are equipped with wheelchair lifts and the buses have automated enunciators which announces all major streets and intersections.

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 LakeXpress fixed route bus service. The diagnosis of a potentially limiting illness or condition is not sufficient determination for paratransit services.

THIS FORM MUST BE COMPLETED BY A MEDICAL PROFESSIONAL, AND MUST INCLUDE A VALID MEDICAL LICENSE NUMBER, ADDRESS, PHONE NUMBER, AND SIGNED BY MEDICAL PROFESSIONAL.

What is the applicant's disability? _____

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

Is this condition permanent or temporary? Permanent Temporary

If temporary, what is the duration? _____

Medical Professional Information:

Signature of Medical Professional: _____ Date: _____

Medical License Number: _____ State Issued: _____

Print Name: _____ Title: _____

Address: _____ Suite #: _____ Bldg #: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Extension: _____

Fax Number: _____ Email: _____

Contact Person: _____