

# TRANSPORTATION DISADVANTAGED ELIGIBILITY APPLICATION

## APPLICANT INFORMATION

Last Name	First Name	MI	Date of Birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> M	<input type="text"/> D	<input type="text"/> YEAR
Phone Number	Cell	Home	Phone Number	Cell	Home
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
email			Sex	Language	
<input type="text"/>			<input type="button" value="M"/> <input type="button" value="F"/>	<input type="text"/>	
Street Address			Apartment #	Building #	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
City	State	Zip Code	Require gate code?	Code:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Y"/> <input type="button" value="N"/>	<input type="text"/>	

## EMERGENCY CONTACT INFORMATION *(optional)*

Last Name	First Name		
<input type="text"/>	<input type="text"/>		
Phone Number	Cell	Home	Relationship
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## NON-APPLICANT COMPLETING THE APPLICATION *(If you are completing this application for someone else please provide your information)* \*IF CLIENT IS UNABLE TO SIGN, THE SIGNATURE OF THE INDIVIDUAL COMPLETING THE APPLICATION IS REQUIRED BELOW

Last Name	First Name		
<input type="text"/>	<input type="text"/>		
Phone Number	Cell	Home	Relationship
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## TD ELIGIBILITY QUESTIONNAIRE - OTHER TRANSPORTATION SOURCES/FUNDING

Are you able to find transportation to appointment or life sustaining activities?

**IF NO:** How do you currently get from your point of origin to appointments or life sustaining activities?

How many vehicles are in your household?

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## TD ELIGIBILITY QUESTIONNAIRE - AGE

What is your age at time of application?



**IF YOU ARE OVER 65 YOU DO NOT NEED TO ANSWER THE FOLLOWING SECTIONS**

## TD ELIGIBILITY QUESTIONNAIRE - DISABILITY

Do you have a physical or mental disability?  Y  N

Do you have an active ADA complimentary paratransit eligibility decision?  Y  N

**IF YES:** To qualify for TD services based on a physical or mental disability the ADA Complimentary Paratransit & TD Eligibility medical verification form must be completed by your doctor and returned to the Mobility Coordinator's office



**IF YOU HAVE ANSWERED YES TO THIS SECTION YOU DO NOT NEED TO ANSWER THE FINANCIAL QUESTIONS BELOW.**

**YOU ONLY NEED TO COMPLETE THE SIGNATURE SECTION**

## TD ELIGIBILITY QUESTIONNAIRE - FINANCES

How many people are in your household?

What is the applicant's gross annual income?

Gross income must be verified by official documentation. Official documentation includes any of the following:

- 1st page of last years tax return
- Social Security income verification or proof of income letter (SSI and SSDI)
- DCF cash benefit/child support letter
- Retirement/pension income statement
- Unemployment compensation income verification
- Proof of VA disability income

**If you claim no income, you must submit proof of Food Stamp eligibility or a signed letter on agency letterhead verifying you have no income.**

**APPLICATIONS MISSING PROOF OF INCOME/NO INCOME WILL NOT BE APPROVED FOR TD SERVICES UNTIL INCOME INFORMATION IS RECEIVED**

I authorize my health care professional to release any and all information about my disability or health condition and its affect on my ability to obtain transportation . I understand that I may revoke this authorization at any time. I understand that the Mobility Coordinator's office may contact the health care professional who completed the verification attached to this application, in order to confirm this information. I understand that all medical information will be kept strictly confidential. I hereby certify that, to the best of my knowledge, information given in this application is correct. I understand that intentionally providing false or misleading information may affect my eligibility for TD services. I agree to notify the Mobility Coordinator's office if my condition changes, if I am using a new mobility device, or if I no longer need to use TD services.

Signature

Date