



**Transportation Disadvantaged (TD)
Non-Sponsored Eligibility Application**



Dear Applicant,

Enclosed you will find an application that allows you to apply for service under the **Non-Sponsored Program**. You must provide accurate and complete information to determine your needs for transportation services. Incomplete applications will not be processed. Applications completed and submitted with the proper documentation will be processed in 10 business days.

The Non-Sponsored program is provided **only** when the recipient has no other transportation means available to them. **This includes vehicle ownership, family, friends, community services and fixed route (city bus)**. If you have a sponsor that can provide your transportation, you must use that program when it is available (for example, Escambia County Area Transit-ECAT)

- Eligibility criteria requires that you meet the following: low income, senior over age 60 and unable to use the Fixed Routes, no other means of transportation, disabled (cannot use the fixed route) or live outside of the Fixed Route service area.
- Proof of eligibility is required. Examples of proof are: Low income (Medicaid card, food stamp card, wage statement) Age (ID card, birth certificate) NO other means of transportation (notarized statement) disability (doctor medical verification form).
- **The Non-Sponsored rides are scheduled on a first come, first serve basis and are subject to vehicle capacity limits.**
- **Rides must be scheduled at least one working day in advance, between the hours of 8:00 a.m. and 4:00pm. (Subject to vehicle capacity limits).**
- Non-essential trips (shopping, recreational, etc.) will be transported to the closest facility.
- Non-Sponsored clients may be asked to adjust their pickup times for effective scheduling.
- **Non-Sponsored clients will be asked to reschedule their appointments when the daily funding has been depleted.**

If you have a disability that prevents you from riding the bus, you must have your doctor complete the "Request for Professional Verification" form included in this package. Any intentional deception or representation made in this application will be grounds to deny service.

Sincerely,
Escambia County Community Transportation Staff



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The information contained in this application will only be used by Escambia County Community Transportation to determine your eligibility for paratransit services.

I am applying for the following program(s):

Non-Sponsored:

One of the following:

- Client has a disability that prevents using or accessing fixed route service.
Client is a senior citizen unable to use the fixed route service.
Client lives outside the fixed route area.
Client qualifies as low income and travels outside of the fixed route service times.
Client has no other means of transportation due to traveling outside of fixed route service area and/or service times.

It should be noted that paratransit eligibility is determined not only by disability, but also the ability to utilize, or the ability to be trained to utilize the fixed route service. No cost Travel Training can be provided by calling 850-595-3228

Date:

Social Security: (include dashes):

Last Name: First Name: MI:

Home Address: Apt #:

City: State: FL Zip Code:

Home Phone: Work Phone: TDD:

Email:

Date of Birth: Age: Male Female Other

Height: Weight:

Emergency Contact Information:

Name: Phone:

Support Coordinator Signature

Printed Name



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This section to be completed for Non-Sponsored Program:

- 1. Do you receive food stamps? Yes No
If yes, what is the recertification date?
2. Do you receive Medicaid? Yes No
If yes, what is the recertification date?
3. How many family members are in the household?
4. What is your annual income? \$
5. What is the total household income? \$

This section to be completed for Non-Sponsored Program(s)

- 1. Do you live in an ACLF, nursing home, retirement home or boarding house? Yes No
Does this facility have a vehicle? Yes No
Can you or have you ever been transported by this facility? Yes No
2. Do you have relatives or friends residing in the same city (county) that you live in? Yes No
Would this person transport you if you asked? Yes No
Do you know someone who would transport you if you paid for gas? Yes No
3. Do you or anyone at your residence own an operable vehicle? Yes No
Can this vehicle be used to transport you? Yes No
If no, please explain:
4. Do you use the fixed route bus system? Yes No
If yes, how many times per week? Per month?
5. Are there any other effects of your disability that we need to be aware?



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The following information will be used to ensure that an appropriate vehicle is utilized to provide your transportation.

1. Do you use any of the following aids for mobility? Check all that apply

- Manual Wheelchair, Power Wheelchair, Powered Scooter, Wide / Oversize Wheelchair, Cane, Crutches, Walker, Personal Care Attendant, Guide Dog, Oxygen

2. Please answer the following questions.

A. Can you travel without assistance the distance of:

200 feet Yes No

1/4 mile Yes No

3/4 mile Yes No

B. Can you climb a twelve-inch step with assistance? Without assistance?

C. Can you wait outside without support for ten (10) minutes?

D. Can you give an address and telephone number upon request?

E. Can you recognize a destination or landmark?

F. Can you ask for, understand and follow directions?

G. Can you handle unexpected situations or changes to your routine?

H. Can you safely and effectively travel through crowded or complex facilities without an escort?

I hereby certify that the information given above is correct.

Signed: _____

Date: _____

Print Applicant's Name: _____

Phone # _____



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REQUEST FOR PROFESSIONAL VERIFICATION

Escambia County Community Transportation provides paratransit service in specially equipped vehicles to persons who cannot use the fixed route system. To be eligible for this service, individuals must have a disability that prevents them from using the transit bus system.

The information regarding _____'s disability and the impact upon his/her ability to use the fixed route service is important in the determination of eligibility for paratransit service. Only professional who have knowledge of the applicants' functional ability to use the transit bus system should complete this form. Please assist us in identifying only those individuals that, by reason of disability are truly unable to use the fixed route system.

Medical Release

The undersigned health care professional is familiar with my disability and is authorized to provide information to Escambia County Community Transportation as required to complete this certification.

Applicant's Signature _____ Date _____

Must ONLY be Completed by a Licensed Medical Professional

To ensure prompt determination of the applicant's services, each of the questions must be answered. Thank you for your cooperation in this matter.

- 1. Capacity in which you will know the functional ability of the applicant
2. What is the nature of the disability that prevents the applicant from using the fixed route system? Please be specific:
3. Is this condition temporary? If yes, what is the expected duration?
4. How does his disability prevent the use of the fixed route system? Please be specific:
5. A. Mobility Impairment: Is the applicant able to walk without the assistance of another person ...200 Feet 1/4 Mile 3/4 Mile
B. Is the applicant able to climb three twelve-inch steps without assistance?
C. Is the applicant able to stand/wait outside ten minutes without support?
D. Does this applicant require the use of mobility aid? If so please describe:

Height: _____ Weight: _____



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6. Sensory / Cognitive Impairment

- A. Is the applicant able to communicate addresses, destinations and telephone numbers upon request?
B. Can the applicant ask for, understand and follow directions?
C. Can the applicant recognize a destination or landmark?
D. Can the applicant deal with unexpected situations or changes in routine?
E. Can the applicant safely and effectively travel through crowded and/or complex facilities?
F. Does the applicant require a personal care attendant to travel with him / her?
G. Is the applicant a candidate for training to use the fixed route bus system?

6. Visual Impairment:

- A. Visual impairment with best correction: Right Eye_ Left Eye_ Both_
Visual Field: Right Eye_ Left Eye_ Both Eyes_

7. Does the applicant's condition prevent the use of the fixed route only in special circumstances?
(Weather condition, Geographical condition) Yes ___ No ___

Please Explain:

Blank lines for explanation of condition.

8. Are there any effects of the disability that we need to be aware of? Please be specific:

Blank line for effects of disability.

Name

Title / Position

Address

State License Number

City/ State/ Zip

Phone

Date