Board of County Commissioners
Department of Community Services
Transit Services
1300 S. Lecanto Hwy PH 352-527-7630
Lecanto, FL 34461 FAX 352-527-7635

Application for Transportation Disadvantaged

This application form must be completed to receive free or reduced fare transportation services through the State Transportation Disadvantaged Fund. If multiple people reside in the household, there should be one application for each person.

Please complete the following application to receive a reduced fare on the door-to-door service and / or receive a free deviated fixed route (Orange Line) bus pass based on a monthly income below 150% of the Federal Poverty level or less per month, aged 60 and above, Medicare or a Person with Disabilities.

Name of Applicant:	Phone:
Home Address:	
Mailing Address (if different):	
Medicaid # (if applicable):	Age: DOB:
Disabled (VA / SS): Yes _____ No_____	Below Income: Yes _____ No _____
Type of Mobility Device:	All devices must have brakes / footrests attached

Official documentation MUST be provided to verify age, identity and all income. Any applicant claiming NO income or Zero income must also provide verifying documents.

Acceptable forms of age: State of Florida issued ID card, Passport, etc.

Acceptable forms of income: Minimum of (2) most recent paystubs, Social Security Income (SSA/SSI/SSD) letter, Retirement/Pension Statement, DCF Cash Benefit/Child Support Letter. Medicare / Medicaid card. Agency assistance letter.

Income Source:	Pay Stub	SSA / SSI	Retirement	Other:	Other:
Amount:					
Total Monthly Income					$

I attest that all information included on this application is true and correct and that any changes will be reported to Citrus County Transit as they occur.

_____

Applicant Signature *Date:*

APPROVAL ***DENIAL*** ***REASON FOR DENIAL***

_____ _____

Employee Signature Date: Supervisor Signature Date: