



**Board of County Commissioners
Department of Community Services
Transit Services**

1300 S. Lecanto Hwy
Lecanto, FL 34461

PH 352-527-7630
FAX 352-527-7635

A jed

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

Please complete the following application to receive a reduced rate based on an income level of \$1,200 or less per month, age 60 and above, Medicare or Disabled. The fare is \$3.00 each way for Paratransit Services or free on the Orange Line (Transfers \$1.00). Children twelve (12) and under ride for FREE.

Name of Applicant:	Phone:
Home Address:	
Mailing Address (if different):	
Medicaid # (if applicable):	Age: Date of Birth:
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 or proof of income for age 18 or older: State of Florida issued ID card, Passport, etc. 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.

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: