

TRANSPORTATION DISADVANTAGED ELIGIBILITY APPLICATION  
FOR GULF AND FRANKLIN COUNTIES

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE (OR PHONE # WHERE YOU CAN BE REACHED): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Please submit proof of age, such as a birth certificate, FL driver license or ID card.

SOCIAL SECURITY NUMBER: \_\_\_\_\_

1. Do you have a vehicle that is available for you to use?     YES     NO
2. Do you have any family or friends who can take you to doctor's appointments, grocery shopping, etc.?     YES     NO
3. Do you have a disability that prevents you from driving?     YES     NO  
If yes, have your doctor complete a Disability Verification Form/Letter and submit it with this application.
4. Are you currently enrolled in any Government assistance programs, such as Food Stamps or Medicaid?  
 YES     NO  
If yes, please submit a copy of your Food Stamp Card, Medicaid Card, Supplemental Security Income verification, etc.

Attach proof of total income, before tax, including wages, tips, any Social Security income, Pension or any other income for you and all members of your household listed above. Please provide copies as documents submitted will not be returned.

Acceptable forms of proof include:

- 1<sup>st</sup> page of your last year's tax return
- Unemployment Compensation Income Verification
- DCF Benefit Letter
- Social Security Income Verification or Proof of Income Letter (includes SSI and SSDI)
- Minimum of two (2) pay stub statements
- Retirement/Pension Statement

If you have no income, you must submit a signed letter from a social service agency or similar organization on their letterhead verifying that you have no income.

5. How many trips do you expect to take in an average month in the following categories? Enter the number of trips expected per month.

\_\_\_\_\_ Medical (medical, dental, eye, therapy, pharmacy, etc.)

\_\_\_\_\_ Banks, social service offices, human service offices

\_\_\_\_\_ Grocery trips

\_\_\_\_\_ Employment

\_\_\_\_\_ Education related to employment (or to lead to or maintain employment)

6. Do you require a wheelchair or other mobility device?

[ ] YES [ ] NO

7. Do you require an escort to accompany you?

[ ] YES [ ] NO

8. Do you require a service animal to accompany you?

[ ] YES [ ] NO

TO RECEIVE SERVICES, YOU MUST COMPLETELY FILL OUT THIS FORM, SIGN AND DATE IT BELOW, AND SUBMIT ALL REQUIRED SUPPORTING DOCUMENTS.

By signing this form, I am stating that the information I have given is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO:

BY MAIL:

Arc on the Gulf, Inc.

P.O. BOX 8

PORT ST. JOE, FL 32457

OR

IN PERSON:

Arc on the Gulf, Inc.

122 WATER PLANT ROAD

PORT ST. JOE, FL 32456

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (850) 229-6550.