PINELLAS COUNTY
TRANSPORTATION DISADVANTAGED
PROGRAM

If you have trouble getting to doctor's offices, medical clinics, grocery stores, banks, and other essential destinations, the Transportation Disadvantaged (TD) program may be able to help qualified persons in receiving transportation to necessary destinations. Through the TD program, you can travel within Pinellas County for $3.00 each way, regardless of distance.

To qualify for the program, you must show that you have no other means of transportation, including family, friends, or the bus system, and also have income of less than 200% of the Federal Poverty level. Currently this limit is $1,805 per month for one person, and $2,428 per month for two persons. It is higher for those families with more than two persons in the household. Once qualified, persons call a certain telephone number at least 24 hours ahead of time to arrange transportation. This telephone number will be provided to you in your eligibility notice. The cost per ride is $3.00 each way, and is due in cash at the time of the ride. A 31-day unlimited bus pass is also available for the cost of $4.20 per pass for qualified individuals and $1.00 per pass for seniors and people who qualify for a special citizens pass. Wheelchair transportation is available, if necessary.

To see if you qualify, you must fill out one of our application forms. To request an application, you may call 545-2100 and ask for one to be sent to you. Or, you may write to:

COMMUNITY TRANSPORTATION SERVICES
13825 Icot Blvd, Suite 613
Clearwater, FL 33760

Please allow seven days for processing after returning your application. We will notify you of your eligibility status through the mail.
TRANSPORTATION DISADVANTAGED SCREENING QUESTIONNAIRE (PAGE 1)

DATE:_______

NAME:_____________________________________________________

ADDRESS:________________________________________________

_________________________________________________________

CITY, STATE, ZIP:__________________________________________

HOME PHONE (OR MESSAGE PHONE): ( )__________

IF YOU WISH TO RECEIVE TRANSPORTATION ASSISTANCE THROUGH THE TRANSPORTATION DISADVANTAGED PROGRAM, YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE ADDRESS ON BACK.

1. Do you have use of an automobile?
   ☐ YES ☐ NO

2. Do you have any family or friends who can take you to obtain goods and services as necessary? If not, how were you getting around before now?
   ☐ YES ☐ NO

3. Can you use public transport (public bus) to get where you need to go? If not, why not?
   ☐ YES ☐ NO

4. Are you presently enrolled in any Government assistance programs, such as AFDC, Food Stamps, Medicaid, JTPA, or County Social Services? If so, please list the program(s) you are in and your ID number for each program.
   ☐ YES ☐ NO Medicaid # ____________________

5. Do you have any physical or mental disabilities? If so, please describe.
   ☐ YES ☐ NO
6. Have you applied for Dial-A-Ride Transportation?
   □ YES □ NO

7. How many times during the next month do you expect to need transportation?
   (The number of trips you expect to make in a month's time):

8. How many persons are in your household? Please list ALL immediate family members in your household, their relationship to you, AND their SOCIAL SECURITY NUMBER. Include YOURSELF, your spouse, mother, father, sons, daughters, stepchildren, brothers, sisters, grandparents, and grandchildren living at the same address.

   NAME__________________________________________________________

   SOCIAL SECURITY #_________ DATE OF BIRTH_________

   NAME__________________________________________________________

   SS#________________________ DATE OF BIRTH_________

   NAME__________________________________________________________

   SS#________________________ DATE OF BIRTH_________

   NAME__________________________________________________________

   SS#________________________ DATE OF BIRTH_________
9. What is your current household monthly gross (before tax) income? (Include all sources, such as employment, Social Security, Interest, or any other source of income) Please list all income by source. If you have continuous, out-of-pocket medical expenses, please list them here and attach supporting documentation. You may be eligible to have these expenses deducted from your countable income.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

10. Does anyone in your household require a wheelchair?

☐ YES ☐ NO

TO RECEIVE SERVICES YOU MUST COMPLETELY FILL OUT THIS FORM AND SIGN AND DATE BELOW.

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 TO:
COMMUNITY TRANSPORTATION SERVICES
13825 Icot Blvd Suite 613
Clearwater, FL 33760
Important Changes to the Transportation Disadvantaged (TD) Program

Beginning in October, the MPO’s TD Program will require proof of income documentation.

Eligibility Based on Household Income

TD Program eligibility is in part based on household income. As of October 15, we will be requiring proof of income from all program participants. To continue to receive transportation through this program, you MUST complete and mail or fax the Income Verification Form on the back of this letter, along with the required proof of income papers (see form) to:

GPTMS, 13825 Icot Blvd., #613
Clearwater, FL 33760.
Fax (727) 544-0171.

Need Help or Have Questions

If you have any questions about these changes or any other aspects of the program, please call GPTMS, the company that coordinates this program for the MPO, at (727) 545-2100.
Transportation Disadvantaged (TD) Program Income Verification Form

If you are already on the TD Program, this form must be filled out and returned by October 15 to prevent any interruptions to your transportation service.

If you are new to the TD Program, this form must be included with the TD Program application to receive transportation service.

Name: ________________________________
Social Security #: _______________________
Address: __________________________________
________________________________________________________________________
Phone Number: ___________________________

Total monthly household income $______________

# of people in the household ___________

Complete the table below for each immediate family member of your household (YOURSELF, spouse, mother, father, sons, daughters, stepchildren, brothers, sisters, grandparents and grandchildren living at the same address):

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security #</th>
<th>Relationship to You</th>
<th>Monthly Income</th>
</tr>
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</tbody>
</table>

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

Acceptable forms of proof include:

- 1st page of your tax return
- DCF Benefit Letter
- Minimum of (2) pay stub statements
- Unemployment Compensation Income Verification
- Social Security Income Verification or Proof of Income Letter (includes SSI and SSDI)
- Retirement/Pension Statement (includes VA)

Mail or fax completed form and proof of income documents to:

GPTMS
13825 Icot Blvd., #813
Clearwater, FL 33760
Fax: (727) 544-0171
Phone: (727) 546-2100

*If you have a legal guardian or representative payee on record with the Social Security Administration or the