



Levy County Transit

Do you or a member of your household have a valid driver's license?  Yes  No

Do you or a member of your household own a vehicle?  Yes  No

If you own a vehicle are you able to use it for employment purposes?  Yes  No

Are you currently employed?  Yes  No If so where: \_\_\_\_\_

How long employed on job? \_\_\_\_\_ #days worked weekly: \_\_\_\_\_ # hours: \_\_\_\_\_

Is evening, weekend or holiday travel needed?  Yes  No How often: \_\_\_\_\_

Trips to daycare or school?  Yes  No #of children: \_\_\_\_\_ # of carseats: \_\_\_\_\_

Mobility aids required?  Yes  No If so please list: \_\_\_\_\_

Does disability prevent use of private owned vehicles for employment purposes?

Yes  No Travel without assistance?  Yes  No If no what assistance is needed: \_\_\_\_\_

Number of persons in household: \_\_\_\_\_ Total household income: \_\_\_\_\_

List all persons in household start with applicant:

<u>Name</u>	<u>DOB</u>	<u>SS#</u>	<u>Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more space is needed put on back of this page

PLEASE READ PRIOR TO COMPLETING THIS SECTION:

*I understand by my signature below, that the purpose of this application is to determine if I am Eligible to travel under (JARC) funding and may be asked further information. I certify that I have been truthful in answering all questions and that my answers may be verified, and I Have enclosed proof of income for verification.*

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

# Levy County Transit

PLEASE READ PRIOR TO COMPLETING THIS SECTION:

If applicant is able to sign their name and only required assistance completing the application, provide the following:

PLEASE READ PRIOR TO COMPLETING THIS SECTION:

\_\_\_\_\_  
Name Phone number Relationship to applicant

\_\_\_\_\_  
Signature

If applicant is unable to complete or sign application, you must complete the section below. If the applicant is not a minor child of yours, you must enclose evidence of your authority to sign for the applicant (Power of Attorney, Guardianship Papers, etc.)

\_\_\_\_\_  
Name Day Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Address

Relationship to applicant: \_\_\_\_\_ How long: \_\_\_\_\_

I certify that, to best of my knowledge, the information given is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian of Applicant)

I am the applicant's Legal Guardian and have enclosed the appropriate legal documentation.

**Please review application, make sure you have completed all necessary information to the best of your ability and signed the form.**

*Levy County Transit reserves the right to schedule trips for maximum efficiency; rides may be scheduled with transfer locations when necessary and available.*

*Levy County Transit has the right to refuse transport any time the driver, staff or dispatch deems it necessary for the safety of passengers, the general public, driver, or vehicle.*

*All services are open to the general public.*

*The information obtained through this application process is confidential and is only used by Levy County Transit to determine eligibility for services.*

## For Office use only

Approved _____	Denied _____	Reason for denial: _____	Date _____
Supervisors Initials _____	Trip Limitations: _____	Date Applicant notified: _____	# Children _____
Space type: _____	Escort: _____	PCA: _____	Other _____