

Levy County Transit

Do you have a disability that requires assistance to travel (escort required)? Yes

No Type? Escort PCA Service Animal

Are you currently employed? Yes No Where? _____

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

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

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

Mobility aids required? Yes No If so please list: _____

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

Yes No Please give a detailed description of disabilities that prevent travel without the assistance of public transportation. _____

The determination of eligibility for this program is **NOT** based on income.

List all persons in household start with applicant:

<u>Name</u>	<u>DOB</u>	<u>SS#</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 (5317) New Freedom 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 understand that I may be asked to travel (transportation provided) to Levy County Transit and provided medical proof of disability.

Signature: _____ Date _____

Levy County Transit

PLEASE READ PRIOR TO COMPLETING THIS SECTION:

If applicant is able to sign their name and have 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. All incomplete forms will be returned.

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 _____