



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

Application for Transportation Disadvantaged

This application form must be completed to receive transportation services thru the State Transportation Disadvantaged Fund.

Please complete the following application to receive a reduced rate based on an income level of \$1,200 or less per month, OR age 60 and above. 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.

Reduced fare box fee will only be considered when the income sources information is completed for all members of the household and proof of this income is provided.

Name of Applicant:		Phone:
Home Address:		
Mailing Address (if different):		
Date of Birth:	Social Security Number:	
Medicaid Number (if applicable):		
Single Applicant:		Family Applicant:

Do you own a vehicle? _____

Do you have a valid Florida Driver's license?

If yes, do you sometimes drive? _____

FL DRIVERS LICENSE # _____

EXPIRATION DATE: _____

Are you?

___ 60 years of age or older?

___ 60 years of age and disabled? - Limitations: _____

Do you use Mobility Assistance? (All wheelchairs must have brakes and footrests attached)

___ Ambulatory (ability to walk)

___ Regular Wheelchair

___ Walker

___ Motorized Wheelchair/Scooter

___ Cane



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Total number living in household:

1. Name:	Date of Birth:
Medicaid Number (if applicable):	Social Security Number:
2. Name:	Date of Birth:
Medicaid Number (if applicable):	Social Security Number:
3. Name:	Date of Birth:
Medicaid Number (if applicable):	Social Security Number:

Income Source	Self	Household Member # 1	Household Member # 2	Household Member # 3
Current Paystub				
Social Security/SSI Award Letter				
Retirement Income				
Investment Income				
Food Stamp Award Letter				
Child Support\Alimony				
Other/Misc				
Total Monthly Income	\$	\$	\$	\$

Acceptable forms of age or proof of income: State of Florida issued ID card, Passport, etc. Minimum of (2) most recent paystubs, Social Security Income verification or Income letter, Retirement/Pension Statement, DCF Cash Benefit/Child Support Letter.

Official documentation MUST be provided to verify age, identity and all income. Please attach proof of all income sources to include those listed above. Any applicant claiming NO or Zero income must also provide verifying documents.

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: