



Application for Transportation Assistance

“Transportation Disadvantaged” means those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to healthcare, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk as defined in s. 411.202.

Transportation assistance may be provided to individuals who meet the minimum criteria, and this application will help determine your eligibility for services. Please type or print clearly. Applications are considered complete when all requested information and documentation is provided. **Incomplete applications will not be processed.** If you require an accessible format or need assistance completing the application, please call StarMetro at (850) 891-5199 or Florida Relay at 711.

The eligibility process may include a phone or in person interview and verification of submitted documentation. Fraudulent statements or misrepresentation of facts may result in denial or suspension of transportation services. Determination of eligibility will be made within 21 days of receipt of a fully completed application.

Please include a copy of your valid Florida Driver’s License / ID card or other government issued identification that includes your date of birth. Submit application in person during office hours, or by mail, fax, or email:

StarMetro Special Transportation Division
555 Appleyard Drive
Tallahassee, FL 32304
Fax: (850) 891-5143
Email: CustomerService@Talgov.com

StarMetro’s office hours are Monday through Friday 8:00am to 5:00pm.

All previous versions of this application are obsolete as of July 1, 2024, and will not be accepted after September 30, 2024.

Section A

Applicant's Name

Phone Number(s)

Home

Mobile

Email Address

Date of Birth

Driver's License or State ID Card #:

Gender

Home Address

Apartment#

Building#

City

State

Zip Code

Facility or Complex Name

Gate Code

Mailing Address, if different from home address:

Preferred Language English Spanish Other _____

Preferred Method of Contact Phone Text Other _____

Are you: a first-time applicant or applying for recertification

Emergency Contact Information

Name _____ Relationship _____

Phone Number(s) _____

Why are you applying for transportation assistance?

Check all that apply.

- I am 60 years of age or older.
- The nearest StarMetro bus stop is more than three-quarters of a mile from my home or destination.
- My household income falls below current Federal Poverty Guidelines.
*Complete Section B
- I am a person with a medically recognized impairment or disability.
*Complete Section C
- Other _____

Section A (continued)

How do you currently travel to your destinations?

Check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Fixed route bus | <input type="checkbox"/> Facility bus or van | <input type="checkbox"/> Friends or family |
| <input type="checkbox"/> Paratransit bus | <input type="checkbox"/> Uber or Lyft | <input type="checkbox"/> Taxi / Cab |
| <input type="checkbox"/> Drive Self | <input type="checkbox"/> Walk | <input type="checkbox"/> Other _____ |

Are you interested in free fixed route travel training? **Yes** **No**

Do you travel with Mobility Aids?

Check all that apply.

- | | | | | |
|---|--|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Personal Care Attendant | <input type="checkbox"/> Companion | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Wheelchair - | <input type="checkbox"/> manual | <input type="checkbox"/> powered | <input type="checkbox"/> oversized | <input type="checkbox"/> Power Scooter |
| <input type="checkbox"/> Needs Lift | <input type="checkbox"/> Crutches | <input type="checkbox"/> Leg Brace(s) | <input type="checkbox"/> Cane | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Service Animal - Description _____ | | | | |

StarMetro may not be able to accommodate mobility devices wider than 30 inches, longer than 48 inches, or a total weight of 600 pounds including the device and user.

Section B

Complete this section if you are applying for assistance based on your income.

Do you receive any kind of income-based assistance? Yes No

Please submit proof of income, in the form of one of the following documents. ***Failure to submit documentation will result in an incomplete application.**

- | | |
|--|--|
| <input type="checkbox"/> Florida Department of Children and Families Benefits – EBT or Cash Assistance | |
| <input type="checkbox"/> Medicaid or Medicare | <input type="checkbox"/> Housing HUD / Section 8 / Rental Assistance |
| <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Disabled Veteran Assistance |
| <input type="checkbox"/> Other Assistance: _____ | |

Section C

Complete this section if you are applying for transportation assistance due to a medically verified physical, mental, or cognitive condition or impairment.

Please submit documentation from a healthcare professional that has direct knowledge of your condition or impairment. *Failure to submit documentation will result in an incomplete application.

Have you been diagnosed with a physical or mental impairment that substantially limits any of your major life activities? Yes No

Have you used a fixed route bus in the past six months? Yes No

How close is the nearest bus stop? _____

Are you able to get to and from the closest bus stop to your home and/or destination?
 Yes No Sometimes

If no or sometimes, please describe and explain any architectural, physical, or environmental barriers that prevent you from accessing the bus stop:

The following questions tell us about your functional ability to use the fixed route bus system. Without the help of another person, are you able to do the following:

- | | | |
|--|------------------------------|-----------------------------|
| Cross a street? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Read, hear, and understand directions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Travel to the nearest bus stop? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Walk three-quarters of a mile? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Identify the correct bus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Climb a 12-inch step? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Handle dollar bills, coins, and transfer tickets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wait outside without support for 15 minutes or more? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Grip handles or railings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recite your address and telephone number? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safely travel through crowded or complex facilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recognize a destination or landmark? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section C (continued)

Are you able to use the StarMetro fixed route bus system? Yes No

If no, please describe the condition, impairment or disability that prevents you from riding the bus. _____

Please describe *how* this condition or impairment prevents you from riding the bus.

Is this condition / impairment / disability: Permanent Temporary

If temporary, what is the expected duration? _____

ADA Paratransit Eligibility

If you have a physical, mental, or cognitive condition, impairment, or disability that prevents you from independently accessing the fixed route bus system; or boarding, riding, or disembarking from an ADA/wheelchair accessible fixed route bus you may qualify for ADA Paratransit Eligible transportation services.

The Federal Transit Administration establishes strict guidelines for determining ADA Paratransit Eligibility. Disability or use of a mobility aid alone does not guarantee eligibility. An in person or telephone interview, and submission of a Professional Verification form to be completed by the applicant's licensed healthcare professional are required. For more information or to apply for transportation assistance as ADA Paratransit Eligible, contact Customer Service at 850.891.5199.

***All StarMetro vehicles are ADA compliant and wheelchair accessible.**

Title VI / Nondiscrimination

StarMetro assures the Federal Transit Administration and the Florida Department of Transportation that no person shall on the basis of race, color, national origin, sex, religion, age, disability, marital or family status, sexual orientation, gender identity, or any other characteristic protected by federal or state law or City policy will be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any program or activity undertaken by the agency. Citizens may contact the StarMetro Civil Rights Officer at (850) 891-8266 or StarMetro.TitleVI@Talgov.com for additional information on StarMetro's nondiscrimination obligation.

Section D

Applicant Certification

- I understand that the purpose of this application is to determine my eligibility for transportation assistance provided by StarMetro through Dial-A-Ride.
- I authorize StarMetro to share my information with contractors for the purpose of coordinating transportation services for myself; and the information about my disability contained in this application will be kept confidential and shared only with the professionals involved in evaluating my eligibility and providing services.
- I hereby authorize my healthcare professional to release information about my functional ability to utilize public transportation services provided by StarMetro.
- I understand that providing false or misleading information may result in my application being denied, or my current eligibility status being suspended.
- I agree to notify StarMetro within fourteen (14) days of any change of address, contact information, or circumstances that may affect my eligibility for transportation assistance.
- I authorize StarMetro and its contractors to communicate trip booking information with me via phone, automated voice message, text message, and email.
- I agree to abide by the StarMetro Code of Conduct and understand violations may lead to suspension of transportation services.
- I agree to travel to the nearest location that can serve my needs and understand this will allow StarMetro to serve the needs of the community most efficiently.

I certify that, to the best of my knowledge, the information provided in this application is true and correct.

Applicant or Guardian's Signature _____ **Date** _____

If someone assisted the applicant with completing this form, list their contact information below. Does the applicant authorize this person to provide additional or clarifying information to StarMetro, regarding this application? **Yes** **No**

Name _____ **Relation** _____ **Phone #** _____

Agency / Facility _____ **Title** _____