



Application for Transportation Assistance

StarMetro may provide transportation assistance to Tallahassee/Leon County residents who meet the minimum eligibility criteria based on this application.

Applications are considered complete when ALL requested information and documentation is provided. **Incomplete applications will not be processed.** Please type or print clearly. 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 determination process may include a phone or in-person interview and verification of submitted documents. 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 complete application.

***Include a copy of the applicant's government-issued identification card with photo and date of birth, such as a Driver's License or State ID.**

Submit application by email, fax, mail, or in person during office hours. Office hours are Monday through Friday, 8 a.m. to 5 p.m. Visit Talgov.com/StarMetro for holiday hours and more information about available programs.

Email: StarMetro.Paratransit-Coordinator@Talgov.com

Fax: (850) 891-5143

Mail or In Person:

StarMetro Special Transportation Division

555 Appleyard Drive

Tallahassee, FL 32304

Applicant's Name _____ DOB _____

Section A			
Applicant's Name			
Home Phone		Mobile Phone	
Email Address			
Date of Birth	Government Issued ID Card #		Gender
Current Address			Unit or Apartment #
City		State FL	Zip Code
Facility or Complex Name		Building #	Gate Code
Mailing Address – <i>Required if current address is temporary/cannot receive mail</i>			
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
Are you... <input type="checkbox"/> A first-time applicant or <input type="checkbox"/> Applying for recertification			
Emergency Contact Information			
Name			
Relationship		Phone Number(s)	
Reasons for Applying			
Why are you applying for transportation assistance? <i>Check all that apply and complete all required sections.</i>			
<input type="checkbox"/> I qualify for income-based assistance programs and cannot purchase my own transportation. *Must complete Section B			
<input type="checkbox"/> I am a person with a medically recognized impairment or disability. *Must complete Section C.			
<input type="checkbox"/> I am 60 years or older and reside more than ¾ mile from a StarMetro bus route.			
Optional Transportation Programs			
Are you interested in fixed route travel training at no cost? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you interested in a same-day transportation program that utilizes rideshare companies? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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: _____ |

Do you travel with any of the following?

Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Companion | <input type="checkbox"/> Personal Care Attendant (PCA) |
| <input type="checkbox"/> Service Animal – Describe: _____ | |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Leg Brace(s) <input type="checkbox"/> Cane |
| <input type="checkbox"/> Powered Mobility Scooter* | <input type="checkbox"/> Portable Oxygen <input type="checkbox"/> Needs Lift |
| <input type="checkbox"/> Wheelchair – Choose One: | <input type="checkbox"/> Manual <input type="checkbox"/> Powered <input type="checkbox"/> Oversized* |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> None of the above |

**StarMetro cannot accommodate mobility devices wider than 30 inches, longer than 48 inches, or a total weight of 600 pounds including the device and user. StarMetro operators provide limited assistance and StarMetro cannot provide Personal Care Attendants or mobility devices.*

Section B

Complete this section if you are applying for assistance based on low income. Applicants who reside within ¾ mile of a StarMetro bus route and do not have a qualifying disability or health condition may be eligible for a subsidized or reduced cost bus pass.

Submit documentation of eligibility for income-based assistance programs. **Failure to submit documentation will result in an incomplete application.**

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

If Yes, check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Florida Department of Children and Families Benefits (EBT or Cash Assistance) | |
| <input type="checkbox"/> Housing HUD, Section 8, Rental Assistance | <input type="checkbox"/> Medicaid or Medicare |
| <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Social Security Income |
| <input type="checkbox"/> Other income-assistance program: _____ | |

Section C

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

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 **condition or impairment** that substantially limits any of your major life activities? Yes No

Is the condition, impairment or disability... Permanent Temporary
 If **temporary**, what is the expected duration? _____

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

If **No**, please describe **how** your diagnosed condition or impairment prevents you from riding the bus:

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

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

If **No** or **Sometimes**, describe any barriers that prevent you from accessing the fixed route bus system or nearby bus stops:

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 StarMetro.TitleVI@Talgov.com or (850) 891-8266 for additional information on StarMetro's nondiscrimination obligation.

Section C (continued)

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 |
| 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 |
| 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 |

ADA Paratransit Services

An applicant may be qualified for ADA Paratransit transportation services if they reside or travel within $\frac{3}{4}$ mile of a StarMetro bus route and have a physical, mental, or cognitive condition, impairment, or disability that prevents them from independently accessing the fixed route bus system or boarding, riding, or disembarking from an ADA compliant and wheelchair accessible fixed route bus.

All StarMetro vehicles are ADA compliant and wheelchair accessible. Disability or use of a mobility aid alone does not guarantee eligibility.

The Federal Transit Administration establishes strict guidelines for determining ADA Paratransit Eligibility. Additional requirements include a **Professional Verification Form** completed by a licensed healthcare professional who is familiar with the applicant's condition or disability followed by an in-person or telephone interview to confirm eligibility conditions. Contact Customer Service at **(850) 891-5199** to request a Professional Verification Form at any time.

Does your application include a **Professional Verification Form**? Yes No

If not, do you want a **Professional Verification Form** sent to you? Yes No

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 paratransit or fixed bus route service (public transportation).

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 will not distribute, share or resell any passes or services provided to me based on my individual eligibility.

I agree to abide by the StarMetro Code of Conduct and understand that violations may lead to suspension of transportation services.

I authorize StarMetro to share my information with contractors for the purpose of coordinating transportation and understand that information about my disability is confidential and will only be used to evaluate my eligibility and provide services.

I agree that my medical providers have permission to release to StarMetro relevant information about my functional ability to utilize public transportation services.

I authorize StarMetro and its contractors to communicate with me via phone, automated voice message, text message and email.

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: