



TRANSPORTATION DISADVANTAGED (TD) BUS PASS PROGRAM

Dear TOPS! Applicant:

Thank you for your interest in TOPS! The Florida Commission for Transportation Disadvantaged (TD) program is one of the transportation programs provided by TOPS! The TD bus pass program is for individuals prohibited from using Broward County Transit's (BCT) fixed-route bus service due to financial limitations.

Bus Pass Program – A monthly BCT fixed-route bus pass is provided at no charge to qualifying individuals who are financially prohibited from using the fixed-route system. Eligible recipients receive bus passes via U. S. mail only. TD bus passes cannot be picked-up at County facilities.

ELIGIBILITY: TD services require applicant to qualify under current Federal Poverty Level Guideline, depending on number of family members in household, at the 225 percent level.

Complete Sections 1 and 2. Completed TD application must contain all requested information, be legible and have all required identification and applicable financial supporting documents when submitted.

Complete application information prior to printing

Mail to: Paratransit Eligibility Services
Broward County Transit
1 N. University Dr., Suite 3100-A
Plantation, FL 33324

(Application may be hand delivered to above address)

Application/supporting document(s) cannot be submitted via fax or e-mail

Information: 954-357-8400

NOTICE OF COLLECTING SOCIAL SECURITY NUMBER (SSN) FOR GOVERNMENT PURPOSE

Broward County collects SSNs for different purposes. The Florida Public Records Law, Section 119.071(5), F.S. (2007) requires County to give you this written statement explaining the purpose and authority for collecting your SSN.

FORM	PURPOSE	AUTHORIZATION
TD Application	Conduct eligibility verification and monitor for system abuse	County policy (See Note)

NOTE: Broward County collects your SSN in the performance of a duty or responsibility County must complete in accordance with law or business necessity. In the event a law does not specifically provide County with the authority to collect your SSN, it is imperative County collect your SSN and this is expressly provided in section 119.081 (5) 2.b.

**Transportation Disadvantaged Application
BUS PASS PROGRAM
Broward County Transit**

Office use only	
PIN # _____	
Date Approved _____	
Date Denied _____	

INSTRUCTIONS:

Complete Sections 1 and 2 and attach required documents.

**COPY OF CURRENT / VALID FLORIDA DRIVER'S LICENSE
OR FLORIDA ID IS REQUIRED WITH APPLICATION**

(ID MUST INDICATE BROWARD COUNTY ADDRESS)

SECTION 1 – GENERAL INFORMATION

(PLEASE PRINT)

Name of Applicant:		Phone:	
Home Address:			
Mailing Address (if different):			
If using agency to receive mail, provide agency letter stating they will receive your mail			
Is a vehicle registered in your name? YES NO		Do you drive? YES NO	
Date of Birth:		Social Security Number:	
Are you receiving Medicaid? YES NO		If YES, Medicaid #:	
Emergency Contact:		Phone:	
Number of <u>relatives</u> , including self, living in household:		Total Annual Household Income (Must total lines 1 through 8 below):	

Indicate amount of annual income/benefit received by, or indicated on, each of the following sources for ALL family members of household (list household family members on reverse side):

1. Page #1 of individual tax return or most recent pay stub - - - - - \$ _____
2. DCF Benefit Letter / Cash Assistance / SNAP / Food Stamps - - - - - \$ _____
3. Unemployment Compensation Income Verification - - - - - \$ _____
4. Social Security Income Statement or Proof of Income Letter (SSI / SSDI) - \$ _____
5. Retirement / Pension / Investment Statement - - - - - \$ _____
6. Disabled Veteran's Benefit Letter - - - - - \$ _____
7. Housing benefits (HUD, Section 8) - - - - - \$ _____
8. Other (Specify) - - - - - \$ _____

If \$0 income – Submit signed letter, on agency letterhead, from social service agency verifying \$0 income.

If \$0 income, and you live in a house or apartment, indicate how rent / utilities are paid (this includes balance remaining after rent subsidy).

**CURRENT COPY OF OFFICAL DOCUMENT(S) FOR EACH ITEM(S) COMPLETED ABOVE
(#1 THROUGH #8) MUST BE SUBMITTED WITH APPLICATION OR
APPLICATION WILL NOT BE PROCESSED**

(OVER)

SECTION 1 – GENERAL INFORMATION (CONTINUED)

(PLEASE PRINT)

VETERAN’S INFORMATION

Are you a United States veteran? YES ____ NO ____

If YES, type of Military Discharge:

Honorable ____ General (Honorable Conditions) ____

If YES, attach copy of Discharge.

Need a copy of your Discharge? Contact Broward County Elderly and Veterans Services,
954-357-6622.

SECTION 2 – HOUSEHOLD MEMBERS (RELATIVES)

NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NUMBER

I attest all information is correct and any changes will be reported to Paratransit Services immediately.
(Original signature only – DO NOT E-MAIL OR FAX)

Signature of Applicant

Date

Signature of Preparer (if other than applicant)

Date

Print Name (Preparer)

Relationship

**Return to: Broward County Transit - Paratransit Services Eligibility
1 N. University Dr. - 3100-A, Plantation, FL 33324**

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Information: 954 – 357 - 8400