



TRANSPORTATION DISADVANTAGED (TD) DOOR-TO-DOOR PROGRAM

Dear TOPS! Applicant:

Thank you for your interest in TOPS! The Florida Commission for Transportation Disadvantaged program is one of the transportation programs provided by TOPS!

Door-to-Door Paratransit Transportation – Shared-ride paratransit transportation is provided to qualifying individuals who are prohibited from using Broward County Transit (BCT) fixed-route bus service due to financial, physical and/or mental restrictions or children who are handicapped, high-risk or at-risk. Door-to-door paratransit transportation is provided to health care, employment, education, shopping, social activities and other life-sustaining activities.

Transportation is mileage or facility restricted based on trip purpose

Dialysis – Choice of facility within five miles of residence

Radiation/Chemotherapy – Choice of facility within ten miles of residence

All other trips – Closest to residence providing service (i.e. grocery, pharmacy, VA clinic, shopping center)

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. Section 3 must be completed and signed by a Florida licensed physician (submit all three sections together).

Completed TD application must contain all requested information, be legible and have all required identification and applicable financial supporting documents included when submitted. Incomplete applications will be returned.

Complete application information prior to printing

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

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

**Transportation Disadvantaged Application
DOOR-TO-DOOR PARATRANSIT SERVICE
Broward County Transit**

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

INSTRUCTIONS:

Complete Sections 1 and 2. Section 3 must be completed and signed by a Florida licensed physician (submit all three sections together 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):			
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)

**Transportation Disadvantaged Application
DOOR-TO-DOOR PARATRANSIT SERVICE
Broward County Transit**

APPLICANT NAME: _____ Date of Birth: _____

SECTION 3 – MEDICAL (TO BE COMPLETED BY A FLORIDA PHYSICIAN) (PLEASE PRINT)

Does applicant have Medicaid? YES _____ NO _____

If Yes, Medicaid #: _____ Medicaid Program Code: _____

Indicate mobility aides used and required treatments. Define how indicators in "Other" impact using the fixed-route bus system.

Mobility Aides		Other	Treatments					
Crutches	___ Walker	___	Oxygen	___	Chemo	___ Radiation	___ Dialysis	___
Scooter	___ Cane	___	Hearing	___	Day(s): _____			
PWR W/C	___ AMBI	___	Visual	___	Times: _____			
Leg Brace	___ W/C	___	Acuity	___	Facility Name: _____			
Back Brace	___ None	___	Cognitive	___	Facility Address : _____			

Reason(s)/Condition(s) prevent applicant from using fixed-route bus service:

(Must include specific explanation(s) why applicant cannot ride fixed-route bus)

Diagnostic Code(s) _____ Diagnosis _____

Explanation why condition(s) prohibits use of fixed-route bus: _____

I, the undersigned, certify the medical information provided on this TD application is true and correct. I understand providing false or misleading information constitutes fraud and is considered a felony under the laws of the State of Florida. **RETURN COMPLETED, ORIGINAL DOCUMENT TO PATIENT**

Physician's Signature

FL Medical License Number

Physician's Name (Print)

Telephone Number