



BOARD OF COUNTY COMMISSIONERS  
BROWARD COUNTY, FLORIDA

**Broward County Transit Veterans Clinic Transportation**

Important Program Information

To apply for the Veterans Clinic Transportation:

- Complete the attached application.
- Provide copy of photo ID.
- Provide proof of veteran status.
- Sign and date your application.
- **Mail this application and documents to:**  
Paratransit Eligibility Services Broward County Transit  
1 N. University Dr., Suite 2400-B  
Plantation, FL 33324

Application with documents may also be hand-delivered to the address above and placed in the drop-box located in the lobby on the first floor.

We will process and notify you by mail of your approval status within 10 days of receipt of your application.

Please note this program is only for Veterans traveling to/from the **William "Bill" Kling VA Clinic** located at: **9800 West Commercial Drive, Sunrise, FL 33351**. Please have your exact reduced fare of \$1.75 each way available upon boarding the vehicle as drivers do not make change.

For assistance with obtaining proof of veteran status, please contact Broward County Elderly and Veterans Services at: 954-357-6622.

If you need additional information please contact Customer Service: 954-357-8400 (Voice), 954-357-8302 (TTY), or visit [www.broward.org/BCT/Pages/Veterans.aspx](http://www.broward.org/BCT/Pages/Veterans.aspx) .

**PLEASE PRINT LEGIBLY**

Received Date: \_\_\_\_\_ Process Date: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Client ID: \_\_\_\_\_

## Veterans Clinic Transportation Application

### General Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

Bldg./Subdivision Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

\_\_\_ At Large (*Homeless*) Send Mail in Care of: \_\_\_\_\_

Do you use any of the following mobility aids or equipment?

\_\_\_ Powered scooter \_\_\_ Powered wheelchair \_\_\_ Manual wheelchair

\_\_\_ Service animal – describe \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

### Emergency Contact Information

In case of emergency, who do we contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Other Phone or Email: \_\_\_\_\_

Additional Contact: \_\_\_\_\_

### Additional documents required to process your application:

Proof of Veteran status: \_\_\_ YES \_\_\_ NO

Provide copy of photo ID: \_\_\_ YES \_\_\_ NO

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Client not available for signature:

Preparer: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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