



APPLICATION FOR TRANSPORTATION ASSISTANCE

StarMetro provides Dial-A-Ride transportation services in specially equipped vehicles to persons who cannot access or use StarMetro's fixed route bus system. To be eligible for this service, individuals must have a disability that prevents them from accessing or using the fixed route bus system. Neither age, income, access, nor distances to the nearest bus stop are eligible criteria by themselves.

For your application to be evaluated and accepted, all requested forms and information must be complete when submitted. Incomplete applications will cause delays in eligibility approval. If assistance is needed in completing the application process, please call StarMetro at (850) 891-5199 or Florida Relay at 711.

Instructions:

- Please be sure to print clearly, complete all information requested, provide copies of supporting materials, read all text, and sign where appropriate.
- The Medical Professional Verification (Section C) must be completed and signed by a licensed medical professional (Physician, Nurse Practitioner, Physical Therapist, Clinical Social Worker, or Certified Orientation and Mobility Specialist).
- All information provided will be verified and confirmed. Please attach supporting documentation.
- Mail, fax, email, or deliver completed application to:

StarMetro
Special Transportation Division
555 South Appleyard Drive
Tallahassee, Florida 32304
Phone: (850) 891-5199
Fax: (850) 891-5143
E-mail: StarMetro.CustomerService@TalGov.com

Determination of eligibility can take up to 21 calendar days. You will be notified by mail regarding your eligibility status. Recertification is required every three (3) years and requires a new application and updated medical certification.

All previous versions of this application are obsolete and will not be accepted after August 2020.

Applicant Name: _____

Section A

This section must be completed by all applicants

General Information

First Name:

Last Name:

Social Security Number:

Date of Birth:

Gender: Male Female

Home Street Address (house number must be clearly visible from the street):

City, State, Zip Code:

What is special about your residence that would assist the driver in identifying it?
(Big oak tree, garden gnome by front door, bright red door, brick exterior, metal roof, etc.)

Community/Facility Name:

Gate Code:

Closest Cross Street or Intersection:

Home Phone:

Cell Phone:

Email Address:

Preferred Language: English Spanish Other:

Is your home address also your mailing address? Yes No

Mailing Address:

City, State, Zip Code:

Emergency Contact Information

Name:

Relationship:

Telephone Number:

Applicant Name: _____

Reason for Application

Check the conditions that prevent you from accessing a StarMetro fixed route bus:

- The bus does not operate where I need to travel.
- The bus does not operate when I need to travel.
- The nearest StarMetro bus stop is more than three-quarters of a mile from my origin or destination.
- I cannot get to the bus stop because of a physical obstacle or barrier.
- My disability prevents me from using StarMetro's fixed route bus system.

Explain the reason(s) for your answer(s) above:

Physical Assistance

Please check all that apply to you:

- I am totally blind
- I am legally blind
- I have a hearing impairment
- I have a mental impairment
- I travel with a service animal
- I travel with portable oxygen
- I travel by wheelchair
- I travel with a walker
- I travel with a cane
- I travel with crutches/leg braces
- None of these apply to me

StarMetro may not be able to accommodate you if your mobility device is wider than 30 inches or longer than 48 inches or if your total weight when occupying your mobility device exceeds 600 pounds.

Applicant Name: _____

Personal Care Attendant

A Personal Care Attendant is someone that must travel with you to assist you with daily life functions. Do you require the assistance of a Personal Care Attendant?

Always Sometimes Never

A Personal Care Attendant is not provided by StarMetro. You must provide your own Personal Care Attendant to help with your personal needs, including traveling. One Personal Care Attendant may always travel with an eligible customer.

Please note that we may require you to travel with a Personal Care Attendant if your condition or disability is severe enough that it is not safe for you to travel or be left alone.

If you are a homeowner, live within the Tallahassee city limits, and your residence is not fully accessible to your disability needs, please consider contacting the City of Tallahassee's Housing Division at (850) 891-6566 to inquire about existing programs that may be available to assist you.

In Case of an Emergency Evacuation

In the event of a mandatory evacuation order being issued by the Leon County Division of Emergency Management due to severe weather, a tropical storm or hurricane, flooding, fire, or other emergency, StarMetro follows the direction of Emergency Management.

If you require medical supervision or are electricity dependent, if qualified, you can be evacuated to a Special Needs Shelter. To register as a person with special needs, please contact the Leon County Division of Emergency Management at (850) 606-3700.

This application does not register you for evacuation or shelter assistance.

Applicant Name: _____

Section B

Complete this section if you have a disability that prevents you from accessing or using StarMetro's fixed route bus service.

Barriers

What conditions or elements prevent you from getting to and from a StarMetro fixed route bus stop?

- There are no sidewalks Busy intersections
- The road is on an incline The ground is not level
- Other. Explain: _____

Functional Ability

Without the help of someone else, 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 one block on a sidewalk? | <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 coins and transfers? | <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 |
| Give 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 |

If you answered "no" to any of the above questions, please explain: _____

Applicant Name: _____

Section C

If you have a disability that prevents you from accessing or using StarMetro's fixed route bus service, have this section completed by a physician, nurse practitioner, physical therapist, licensed clinical social worker, or a certified orientation and mobility specialist who is familiar with you and your disability or medical condition.

Medical Professional Certification

Medical Professional's Name:

Office Address:

City, State, Zip Code:

Office Telephone Number:

License/Certification Number:

State:

Profession:

Physician

Licensed Clinical Social Worker

Nurse Practitioner

Certified Orientation and Mobility Specialist

Physical Therapist

Please initial each statement to which you agree:

_____ I certify that I have treated the applicant and I am familiar with their disability and/or health condition.

_____ I certify that I have read and agree with the applicant's information in its entirety.

_____ I certify that the applicant needs a Personal Care Attendant when being transported.

_____ I certify that the applicant is unable to ride StarMetro's fixed route bus service.

Please explain in detail why the applicant is unable to use StarMetro's fixed route bus service:

If the applicant's condition is not permanent, please indicate the duration of the condition:

I understand that false certification may be reported to the licensing jurisdiction under the State of Florida or appropriate code for the state of my license/certification.

Doctor's Signature: _____

Date: _____

Applicant Name: _____

Section D

If you do not have a qualifying disability under Section B or you need transportation services beyond three quarter of a mile of StarMetro fixed route bus service, complete this section.

The information in this section is used to determine eligibility for grant sponsored transportation services. The information in this section is not used to determine eligibility for complementary Americans with Disabilities Act transportation services.

Transportation Status

Do you or anyone in your household have a car? Yes No
(This may be verified by the Florida Department of Highway Safety and Motor Vehicles)

Do you have friends or relatives who can transport you? Yes No

Do you live in a facility that provides transportation services? Yes No

Do you receive Medicaid? Yes No

Dial-A-Ride is not a Medicaid or Medicare transportation provider.

Some Florida Medicaid and Medicare programs provide transportation services to their enrollees at no cost or little cost to the beneficiary. Depending on the program, some trips may also be provided for non-medical purposes such as grocery shopping, socializing, and recreation.

If you are not sure whether your Florida Medicaid or Medicare program provides transportation services, please contact them.

How far is the nearest bus stop?

Have you used StarMetro's fixed route bus service in the past six months? Yes No

If no, why not?

Would you be interested in a low-cost bus pass? Yes No

Applicant Name: _____

What are your transportation needs?

How do you currently travel to your destinations?

- StarMetro bus
- Dial-A-Ride bus
- Taxi
- Uber or Lyft
- Drive yourself
- Other:

Do you have weekly scheduled medical appointments (e.g., dialysis)?

- Yes No

If yes, please list:

How many medical appointments do you have a month?

- 1 to 2
- 3 to 4
- 5 to 6
- 7 or more

Applicant Name: _____

Section E

All applicants must complete this section. Read the entire page carefully.

Applicant Certification

I understand that the purpose of this application is to determine my eligibility for StarMetro's Dial-A-Ride program. The information about my disability contained in this application will be kept confidential and shared only with the professionals involved in evaluating my eligibility. I hereby authorize my medical representative to release information regarding my functional ability to ride with StarMetro. I understand that providing false or misleading information could result in my eligibility status being revoked. I agree to notify StarMetro within ten days of any change in my circumstances or if I no longer need to use Dial-A-Ride services.

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

Applicant's Signature	Date
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If someone assisted you in completing this form, please provide their contact information below.

Name	Phone Number
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StarMetro Use Only

<input type="checkbox"/> New <input type="checkbox"/> Recent <input type="checkbox"/> Denied <input type="checkbox"/> ADA <input type="checkbox"/> TD <input type="checkbox"/> VETBP <input type="checkbox"/> HCBP	Customer ID: Reviewed by: Entered by: Date Mailed:	Date Received Stamp Below
<input type="checkbox"/> Referred to:		