



Application for Transportation Assistance

Transportation assistance may be provided to individuals who meet the minimum criteria, and this application will help determine your eligibility for services. Please type or print clearly. Applications are considered complete when all requested information and documentation is provided. **Incomplete applications will not be processed.** 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 process may include a phone or in-person interview and verification of submitted documentation. 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 fully completed application.

Please include a copy of your valid Florida Driver's License / ID card or other government issued identification that includes your date of birth.

Submit application in person during office hours, or by mail, fax, or email:

StarMetro Special Transportation Division

555 Appleyard Drive

Tallahassee, FL 32304

Fax: (850) 891-5143

Email: CustomerService@Talgov.com

StarMetro's office hours are Monday through Friday 8:00am to 5:00pm.

All previous versions of this application are obsolete as of July 1, 2024, and will not be accepted after September 30, 2024.

Section A

Applicant's Full Name _____

Home Phone _____

Mobile Phone _____

Email Address _____

Date of Birth _____

Driver's License or State ID Card # _____

Gender _____

Street Address _____

Unit or Apartment # _____

City _____

State _____

Zip Code _____

Facility or Complex Name _____

Building # _____

Gate Code _____

Mailing Address (if different from street address)

Preferred Language

English

Spanish

Other:

Preferred contact method

Phone

Email

Other:

Are you...

A first-time applicant

or

Applying for recertification

Emergency Contact Information

Name _____

Relationship _____

Phone Number(s) _____

Why are you applying for transportation assistance?

Check all that apply.

I am 60 years of age or older.

The nearest StarMetro bus stop is more than three quarters of a mile from my home or destination.

My household income falls below current Federal Poverty Guidelines.

***Complete Section B**

I am a person with a medically recognized impairment or disability.

***Complete Section C**

Other: _____

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 Yourself | <input type="checkbox"/> Walk | <input type="checkbox"/> Other: |

Are you interested in free fixed route travel training? Yes No

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"/> Wheelchair – Chose One: | <input type="checkbox"/> Manual <input type="checkbox"/> Powered <input type="checkbox"/> Oversized |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Portable Oxygen <input type="checkbox"/> Needs Lift |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Leg Brace(s) <input type="checkbox"/> Cane |
| <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.

Section B

Complete this section if you are applying for assistance based on income.

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

Please submit proof of income in the form of one of the following documents.

***Failure to submit documentation will result in an incomplete application.**

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"/> Disabled Veteran Assistance |
| <input type="checkbox"/> Other Assistance: | |

Section C

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

Please 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

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

How close is the nearest bus stop?

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

If No or Sometimes, please describe and explain any architectural, physical, or environmental barriers that prevent you from accessing the bus stop:

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? Yes No

Read, hear and understand directions? Yes No

Travel to the nearest bus stop? Yes No

Walk three quarters of a mile? Yes No

Identify the correct bus? Yes No

Climb a 12-inch step? Yes No

Handle dollar bills, coins, and transfer tickets? Yes No

Wait outside without support for 15 minutes or more? Yes No

Grip handles or railings? Yes No

Recite your address and telephone number? Yes No

Safely travel through crowded or complex facilities? Yes No

Recognize a destination or landmark? Yes No

Section C (continued)

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

If No, please describe the condition, impairment or disability that prevents you from riding the bus:

Please describe **how** this condition or impairment prevents you from riding the bus:

Is the condition, impairment, or disability... Permanent Temporary

If temporary, what is the expected duration?

ADA Paratransit Eligibility

If you have a physical, mental, or cognitive condition, impairment, or disability that prevents you from independently accessing the fixed route bus system or boarding, riding, or disembarking from an ADA/wheelchair accessible fixed route bus, you may qualify for ADA Paratransit transportation services.

The Federal Transit Administration establishes strict guidelines for determining ADA Paratransit Eligibility. Disability or use of a mobility aid alone does not guarantee eligibility. An in-person or telephone interview, and submission of a Professional Verification form to be completed by the applicant's licensed healthcare professional are required. For more information or to apply for transportation assistance as ADA Paratransit Eligible, contact Customer Service at (850) 891-5199.

***All StarMetro vehicles are ADA compliant and wheelchair accessible.**

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 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.
- I authorize StarMetro to share my information with contractors for the purpose of coordinating transportation services on my behalf; and the information about my disability contained in this application will be kept confidential and shared only with the professionals involved in evaluating my eligibility and providing services.
- I hereby authorize my healthcare professional to release information about my functional ability to utilize public transportation services provided by StarMetro.
- 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 authorize StarMetro and its contractors to communicate trip booking information with me via phone, automated voice message, text message and email.
- I agree to abide by the StarMetro Code of Conduct and understand violations may lead to suspension of transportation services.
- I agree to travel to the nearest location that can serve my needs and understand this will allow StarMetro to serve the needs of the community most efficiently.

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: