Bay Area Transportation

919 Massalina Drive, Panama City, Florida 32401
Phone (850) 785-0808
Fax (850) 763-3390

Transportation Disadvantaged Demand Response Service
Eligibility Application For Curb to Curb Service

Completed applications accepted via mail / fax / email or in person:
Monday – Friday
8 a.m. – 5 p.m.
For Questions Call: (850) 785-0808

INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

1. When completing the application, please type or print legibly and sign where indicated.
2. Unreadable, incomplete, and/or unsigned applications will not be accepted and will be returned.
3. Processing of this application can take up to 21 calendar days. The 21 day period begins after a completed application is received.
4. All applicants will be notified of the application outcome by email or letter.
5. Applications will remain active for 365 calendar days.
6. In order to determine if applicants meet the programs eligibility criteria for Transportation Disadvantaged (TD) Demand Response Service, the applicant must have no other means of transportation available, to include meaning the applicant does not live on or within ¾ miles of a bus route serviced by Bay Town Trolley, and at least one of the following criteria**:**
   - Applicant is age 60 or older; **or**
   - Applicant's income level falls below current federal poverty guidelines (https://aspe.hhs.gov/poverty-guidelines); **or**
   - Applicant has a disability preventing the use of a bus route serviced by Bay Town Trolley
7. Completing this application does not automatically certify an applicant for TD Demand Response Service.

Please complete only the parts of this application that apply to your specific situation as outlined below.

A. If applicant has no other means of transportation available **and** applicant does not live on a bus route serviced by Bay Town Trolley **or** applicant is age 60 or older, please complete:
   - **Section 1 only**

B. If applicant has no other means of transportation available **and** applicant's income level falls below current federal poverty guidelines, please complete:
   - **Section 1 and Section 2 only**

C. If applicant has no other means of transportation available **and** applicant has a disability preventing the use of a bus route serviced by Bay Town Trolley please complete:
   - **Section 1 and Section 3 only**

Bay Area Transportation will use the information in this application for the provision of transportation services. The information will not be provided to any other person or agency outside of Bay Area Transportation.

Section 1: General Applicant Information

First Name:	Middle Initial:	Last Name:

Date of Birth:	Sex: ☐ Male ☐ Female	Telephone #:	Email:

Street Address:	Apt #:	Bldg #:
City:	**State:**	**Zip Code:**
Building/Complex Name:	**Gate Code if Required:**	

Emergency Contact:

First Name:	Last Name:

Telephone #:	Relationship:	Email:

Street Address:		
City:	**State:**	**Zip Code:**

A. What type of residence/facility do you live in?

☐ House ☐ Apartment ☐ Hotel ☐ Nursing Home

☐ Assisted Living ☐ Boarding Home ☐ Rehabilitation Center ☐ Other

B. Does your residence/facility have a ramp? ☐ Yes ☐ No

C. Does the facility you live in have a vehicle to transport residents? ☐ Yes ☐ No

D. Have you ever been transported by the facility where you live? ☐ Yes ☐ No

E. How do you currently travel to appointments or to other activities such as grocery shopping (check all that apply)?

☐ Drive Myself ☐ Walk ☐ Family Member ☐ Friend

☐ Taxi ☐ Bus ☐ Other (please specify) _____

Wheelchair Size: (if applicable)	Weight	Length	Width	Leg Extensions ☐ Yes ☐ No

Note: All Bay Town Trolley vehicles are wheelchair accessible. The use of a wheelchair will not automatically make you eligible to use the TD Demand Response Service.

F. Do you require the assistance of an Escort or Personal Care Attendant (PCA)? ☐ Yes ☐ No
You may be required to travel with a PCA.

G. Do you need to have information given to you in an alternative format (check all that apply)?

☐ Large Print ☐ Audio ☐ Video ☐ Braille

☐ Other (please specify) _____

H. Please check any of the following mobility aids or equipment you use (check all that apply).

☐ Cane	☐ Crutches	☐ Leg Braces	☐ Walker
☐ Portable Oxygen	☐ Service Animal	☐ Sighted Guide	☐ White Cane (blind)
☐ Picture Board	☐ Alphabet Board	☐ Stretcher	☐ Wheelchair
☐ Powered Wheelchair	☐ Powered Scooter/Cart	☐ Lift Service	☐ Other (please specify) _____

I. Have you ever used Bay Town Trolley? ☐ Yes ☐ No

J. Please indicate the reason why you are seeking TD Demand Response Service eligibility (check all that apply).

☐ I do not live on or within ¾ miles of a bus route serviced by Bay Town Trolley.

☐ I am age 60 or older.

☐ My income level falls below current federal poverty guidelines. (Proof of income is required)

☐ I have a disability preventing the use of a bus route serviced by Bay Town Trolley.

☐ Other (please specify): _____

Applicant Certification

I certify the information provided in this application is true and correct. I understand that providing false or misleading information, or making false statements on behalf of others constitutes fraud and is considered a felony under the laws of the State of Florida. I authorize the medical professional(s) listed to release information to Bay Area Transportation about my disability and its effects on my ability to travel on Bay Town Trolley. I understand that I may revoke this authorization at any time with written notice to Bay Area Transportation.

Applicant Signature: _____ Date: _____

Section 2: Verification of Income

A. In order to determine if you qualify for Transportation Disadvantaged (TD) Demand Response Service, please answer the following questions:

Number of people in household: ☐ Total annual individual income: $ ☐ Total annual household income: $ ☐

B. How many vehicles are owned/used by members in your household? ☐

C. Are these vehicles available for use? ☐ Yes ☐ No

If not, please explain why:

Note: Proof of income is required. Please submit with completed application.

Acceptable forms of proof include one of the following:

- First (1st) page of your Tax Return
- Department of Children and Families Benefit Letter
- Minimum of two (2 Pay Stub Statements
- Social Security Income Verification
- Retirement/Pension Statement
- Unemployment Compensation Income Verification

Section 3: Medical Verification

This form must be completed by a medical professional if you are applying for Transportation Disadvantaged (TD) Demand Response Service due to a medically verified physical or cognitive condition, impairment, or disability.

Accepted Medical Professionals Include:

Medical Doctor	Audiologist	Registered Nurse
Doctor of Osteopathic Medicine	Ophthalmologist	Physical Therapist
Doctor of Chiropractic	Psychologist	Licensed Practical Nurse
Occupational Therapist	Physician Assistant (PA)	Advanced Registered Nurse Practitioner (ARNP)

Dear Medical Professional:

In order to process this applicant's request for Bay Area Transportation service eligibility, we require this form be completed. Only licensed medical professionals having knowledge of the applicant's functional ability to use Bay Area Transportation Service should complete this form. Bay Area Transportation is the curb to curb Demand Response Service and Bay Town Trolley is the Fixed Route Bus Service.

All of our vehicles are wheelchair accessible and equipped with wheelchair lifts/ramps. Therefore, use of a wheelchair does not automatically make an applicant eligible to use Bay Area Transportation Service. Bay Town Trolley operators or automatic systems announce major streets, intersections, and all points of interest.

Thank you for your assistance.

Applicants Name:	**Date of Birth:**

A. Has this person been diagnosed with a cognitive, mental, physical, or other disability preventing use of Bay Town Trolley fixed route bus service? ☐ Yes ☐ No

If yes, please explain how the disability/disabilities prevent the applicant from using Bay Town Trolley:

B. Does this person require a Personal Care Attendant (PCA) while traveling **or** upon reaching their destination? ☐ Yes ☐ No

A PCA is someone designated or employed specifically to help the eligible individual meet his or her personal needs. This may be an employee of the eligible rider, a relative, a friend, or a care provider.

C. Is the disability ☐ Permanent ☐ Temporary If temporary, how long? _____

D. Please describe in detail, any other medical conditions this person has at this time, including any restrictions, limitations, prognosis, and severity.

E. Is the condition ☐ Permanent ☐ Temporary If temporary, how long? _____

F. Is this person able to:

Answering no to any of these questions could result in the applicant being required to have a PCA attend to their needs during transportation.

Communicate addresses, destinations, and phone numbers?	☐ Yes	☐ No
Read and/or monitor time?	☐ Yes	☐ No
Ask for, understand, and follow instructions?	☐ Yes	☐ No
Deal with unexpected situations or changes in routine?	☐ Yes	☐ No
Safely and effectively travel through crowded or complex facilities?	☐ Yes	☐ No
Open doors to facilities?	☐ Yes	☐ No
Navigate to a doctor's office in a multi-level facility?	☐ Yes	☐ No

Medical Professional – Information

Medical Professional's Name and Title:		
State of Florida License Number:	Email:	
Business Address:	Suite #:	Bldg #:
City:	State:	Zip Code:

Medical Certification

In signing, I acknowledge that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in the re-examination of the eligibility status of the applicant as well as prosecution to the maximum extent allowed by the laws of the State of Florida.

Medical Professional's Signature: _____ Date: _____