

Middle Keys Transportation
Transportation Disadvantaged Eligibility
Service for Monroe County

Please read eligibility explanation and directions prior to completion of application.

Below please find instructions for completion:

1. Page 2, the Eligibility Explanation of Service for Monroe County, provides explanation for the application process and outlines who qualifies for the service. Please ensure to review the documents that may be used to prove eligibility. A copy of the documents of proof must be provided with completed application for review.
2. Starting on page 3
 - a. Name – Please provide Last and First name as well as middle initial if applicable
 - b. Address – Provide complete street address as well as apartment number or lot number. Please do not complete this section with a PO Box, a physical address is required.
 - c. Person information – provide both home and cell phone numbers, date of birth, social security number, and language.
 - d. Provide the total number of people in your household
 - e. Provide the total monthly income for the household
 - f. Medicaid – specify if you are currently on Medicaid then below specify the type of Medicaid whether it be an MMA or managed care plan such as Humana, United, Simply, Staywell etc., if it is Share of Cost where you must meet a certain limit before Medicaid becomes active or Full Medicaid.
 - g. Vehicle/Car – Please provide answer if you have a vehicle/car. This means a vehicle that is currently running and operational. If you have an actual functioning vehicle that you drive you will need to have the Medical Explanation section of the application completed by a physician.
 - h. Temporary Service - Applications are valid for one year only, if you will need service for only a short period of time such as 1 to 6 months then you are applying for temporary service. You should check “yes” and complete the start and end dates you will need the service. Your eligibility if approved will only be valid for the time specified. If you are unsure as to how long you will require service then you are not applying for temporary service and should check “no”.
 - i. Escort/PCA – answer yes or no if and escort or care assistant will be travelling with you to assist you during your trip.
 - j. Ambulatory Status – please specify if you have any mobility equipment that you utilize this will assist in ensuring the correct vehicle is scheduled for your trips.
 - k. Residence Exterior – please check all that apply to the exterior of your home.
 - l. Equipment – provide information on any equipment that you must take with you on your trips.
 - m. Emergency Contact - please provide and emergency contact name, phone and relation.
 - n. Medical Explanation - This section is to be completed by a physician or nurse partitioner only. Clients should not complete this section with medical information. Any information written in this section that is not documented and signed by proper medical staff will be ignored during evaluation for eligibility.
 - o. Shelter Residency – if you residing in a shelter please have staff complete this section for proof of residency. All information in this section must be completed in its entirety.
 - p. Transportation Providers - This section is to be completed by Transportation Providers who participate in the CTC program only.
3. Applications with proof of eligibility should be mailed or faxed to the following:

Guidance Care Center, Inc.
c/o Middle Keys Transportation
3000 41st Street Ocean
Marathon, Florida 33050
Fax: (305) 434-9040
Phone: (305) 434-7660

Middle Keys Transportation
Eligibility Explanation of Service for Monroe County

Florida Statutes 427.011(1) "Transportation Disadvantaged" means those persons who because of physical or mental disability, income status or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high risk or at-risk as denied in 411.202.

Eligibility: Transportation service under non-sponsored trip funds is available to all Monroe County residents who meet the criteria defined under F.S. 427 for transportation disadvantage. Individuals are screened by the dispatcher to determine if they qualify at the time of their first call and if their trip may be eligible for funding under other sources. In 2006, under the advice of the Local Coordinating Board, the Guidance/Care Center developed priorities for community transportation in Monroe County as follows: (1) Medical, (2) Education/Training/Day Care, (3) Employment, and (4) Life-Sustaining and Other. The LCB and CTC are continuously planning and seeking ways to better meet the needs of the Transportation Disadvantaged residing in Monroe County. During 2014-2015, Life Sustaining Trips comprised 31% of all trips. Medical trips and Education/Training/Day Care trips ranked second, each reflecting 29% of total trips. This is in accordance to the guidelines currently promulgated by the CTD.

On January 13, 2017 the CTD executed a review for the period July 1, 2015- June 30, 2016, review of the eligibility requirements was noted. Consumers must provide proof of eligibility to receive transportation services to include receipt of bus passes.

Eligibility Criteria as defined below. Any person meeting one of the following with valid verification shall be eligible for service.

- Age: Any person 60 years or older
- Disabled: Unable to drive themselves as verified by Physician and has no other means of transport.
- Low Income: Any person whose income is less than one and half times the Federal Poverty Level.

Proof of Eligibility may be but not limited to the following:

- Age:
 - Driver License
 - Birth Certificate
 - Military Documentation
 - State Issued ID
 - Passport
 - Medicare card

Disability:
Physician description of clients need for door to door transportation service should be completed under application section "Medical Explanation".

- Low Income:
 - Bank Statement
 - Pay stub
 - SSDI verification
 - ID bearing KOTS address
 - Shelter verification
 - Most recent tax returns
 - SSI verification
 - Food stamp verification
 - Medicaid verification

Application and proof of eligibility shall be completed annually.

Middle Keys Transportation
Transportation Disadvantage Eligibility Application
Service for Monroe County

Name: _____
Last First Middle

Address: _____
Street Apt No.

City State Zip

Phone: _____ DOB: _____ SS#:(full) _____

Cell: _____ Language: _____

Number of persons in your household _____

Total monthly income \$ _____

Income Source: _____

Do you have Medicaid? Yes _____ No _____

Type of Medicaid (such as MMA , Share of cost, full Medicaid.) _____

Do you have a car? Yes _____ No _____

If you have a car, you must have physician complete Medical Explanation section.

Are you applying for temporary service? Yes _____ No _____
(less than 1 year)

If yes, list dates start/end? Start _____ End _____

Will an escort be traveling with you? Yes _____ No _____

Will an PCA be traveling with you? Yes _____ No _____

Ambulatory Status:

___ Ambulatory ___ Walker ___ Cane ___ Wheelchair ___ Motorized Wheelchair

Residence Exterior Access: (check all that apply)

___ Ground Floor ___ Steps ___ Ramp ___ Is the front door view obstructed from the street.

Do you have equipment:

___ Oxygen ___ If yes, does it have a battery pack that needs to be charged.

___ Other, please explain _____

Emergency Contact: _____ Phone: _____

Relationship to client: _____

Client Signature: _____ Date: _____

Medical Explanation

Please describe reason client is unable to physically drive or requires door to door transportation.

Physician Signature: _____ Date: _____

Shelter Proof of Residency

Date client entered facility _____ / _____ / _____

Client monthly income? \$ _____

By signing below, you are verifying that the information above is accurate and your facility is providing shelter to the above client.

Name of facility: _____

Facility representative verifying status: _____

Signature

Title

Guidance/Care Center, Inc Transportation Providers

Providers shall complete and forward applications for new clients to Guidance/Care Center, Inc. as applications are completed. Providers will ensure that their applicants are in compliance before receiving transportation.

Verifying Provider: _____ Effective Date: _____

PLEASE DO NOT WRITE BELOW LINE – TO BE COMPLETED BY TRANSPORTATION STAFF

Disabled Elderly Low income Children |

Applicant is _____ is not _____ deemed qualifying as stated:

Verifying Representative: _____ Effective Date: _____