Florida Keys Transportation
Transportation Disadvantaged Services for Monroe County
Part 1- Eligibility

Please read the following eligibility explanation and review directions on page 2 prior to completing the application. Application and proof of eligibility shall be completed annually

Florida Statute 427.011(1) defines "Transportation Disadvantaged" individuals as persons who, because of disability, income status, or age, are unable to transport themselves or 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 defined 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 (LCB), 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.

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.

Any person meeting one of the following with valid verification shall be eligible for service.

- Age: 60 years or older
- Disabled: Unable to drive themselves as verified by a physician and has no other means of transport
- Low Income: Income less than one and one-half times the Federal Poverty Level

Proof of Eligibility may include:

Age:

*Driver License	*State ID	*Birth Certificate
*Passport	*Military Documentation	*Medicare card

Disability: Physician description of applicant's need for door-to-door transportation service should be completed under application section "Medical Explanation"

Low Income:

*Bank statement,	*Most recent tax returns	*Pay stub
*SSI/SSDI verification	*Food stamp verification	*Medicaid verification
*Shelter verification	*KOTS identification	

A copy of the documents of proof must be provided with the completed application.

Part 2 - Instructions for Completing and Submitting the Application:

1. Name - Please provide Last and First name as well as middle initial if applicable.
2. 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.
3. Personal information – provide both home and cell phone numbers, date of birth, social security number, and language.
4. Provide the total number of people in your household.
5. Provide the total monthly income for the household.
6. Medicaid - Specify if you are currently on Medicaid and check off the type of Medicaid. If you have Medicaid plan, indicate the name of the plan (Sunshine, United, Humana, etc.).
7. 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 but cannot currently drive, you will need to have the Medical Explanation section of the application completed by a physician.
8. 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".
9. Escort/Personal Care Attendant (PCA) – answer yes or no if an escort or PCA will be travelling with you to assist you during your trip.
10 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.
11. Residence Exterior – please check all that apply to the exterior of your home.
12. Equipment – provide information on any equipment that you must take with you on your trips.
13. Emergency Contact - please provide an emergency contact name, phone and relation.
14. Medical Explanation - This section is to be completed by a physician or nurse partitioner only. Applicants should not complete this section with medical information. Any information written in this section that is not documented / signed by medical staff will not be considered
15. Shelter Residency – if you are 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.
16. Transportation Providers - This section is to be completed by Transportation Providers/Coordinated Operators who participate in the CTC program only.

Submit your application with proof of eligibility:

By Fax:	305-434-9040
By Mail:	Guidance Care Center, 3000 41st Street Ocean, Marathon FL 33050
By Email:	floridakeystransportation@westcare.com
In-Person:	Drop off at any Guidance / Care Center location keys-wide: • 3000 41st Street Ocean, Marathon FL 33050 • 1205 Fourth Street, Key West, FL 33040 • 99198 Overseas Hwy., Suites 3-5, Key Largo, FL 33037

Still have questions??? Call us at 305-434-7660 - Option 2

Part 3 - Transportation Disadvantage Eligibility Application

1. Name

Last	First	Middle

2. Address

Street	Apt #	
City	State	Zip Code

3. Personal

DOB	SS#	Language
Email	Cell#	Phone#

4. Number of persons in your household _____

5 Total monthly income for the household _____

6. Do you have Medicaid? ☐ YES ☐ NO

If Yes, type of Medicaid: ☐ FULL ☐ MMA ☐ Share of Cost

Name of MMA, if applicable: _____

7. Do you have a car? ☐ YES ☐ NO

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

8. Are you applying for temporary service? ☐ YES ☐ NO

(Less than one year) Start Date: _____ *End Date:* _____

9. Will an escort be traveling with you? ☐ YES ☐ NO

10. Ambulatory Status: ☐ Ambulatory ☐ Walker ☐ Cane ☐ Motorized Wheelchair ☐ Wheelchair

11. Residence Access - check all that apply ☐ Ground Floor ☐ Steps ☐ Ramp

Is your door visible from the street? ☐ YES ☐ NO

12. Will you be bringing oxygen? ☐ YES ☐ NO

If yes, does it require battery charging? ☐ YES ☐ NO

List any other equipment: _____

13. Emergency Contact Name _____ Phone # _____

Relationship to rider: _____

SIGNATURE OF APPLICANT:_____ DATE: _____

14. MEDICAL EXPLANATION

Please describe the reason this individual is unable to physically driver or requires door-to-door transportation:

_____ _____

Physician Signature Date

15. SHELTER VERIFICATION

Name of facility _____

Date entered facility _____ Monthly Income _____

I verify that the information above is accurate and our facility is providing shelter to the individual above

_____ _____ _____

Printed Name Title Signature

16. Transportation Provider Verification – to be completed by Coordinatoed Agency Operators only

Providers shall complete and forward applications for new riders 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 THIS LINE – TO BE COMPLETED FKT STAFF

☐ Disabled ☐ Elderly ☐ Low Income ☐ Children

Applicant ☐ IS ☐ IS NOT deemed qualifying as stated

Verifying Representative: _____ Effective Date: _____