



TD PROGRAM ELIGIBILITY APPLICATION

The TD Program was established to provide transportation for individuals who are elderly, disabled, economically disadvantaged, have a child at risk or have no other forms of transportation. Our goal is to provide citizens with safe, reliable, convenient and affordable public transportation. For more information, please call Ride Solution at 386-325-9999 or visit our website at www.theridesolution.com.

Eligibility Worksheet

Eligibility for the Transportation Disadvantaged Program is limited to individuals who are over the age of 60; have a disability that prevents the individual from driving; or who has no access to transportation due to income (150% of Federal Poverty Level Guidelines). Please include a copy of supporting documentation to confirm eligibility.

I am unable to transport myself or purchase transportation because I am (**select and provide verification of at least 1 of the criteria below**):

- Low Income** – Annual Income: \$ _____ Verified by either:
- DCF Benefit SSI Statement or Proof of Income letter Medicaid Card
 - Unemployment Compensation Housing Benefit or Other: _____
- Over the age of 60** - Date of Birth: _____ Verified by either:
- Driver's License Birth Certificate or Other: _____
- Disabled** – Verified by either: Disabled Veteran's Letter Doctor's note
or Other: _____
- Child** who is disabled or high-risk – Child's Name: _____
Verified by: _____

Passenger Information

Date: _____

Name: _____ Phone: _____

Address: _____ Unit or Apt No. _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

Emergency Contact Relationship: _____

Mobility Aids

Please check or list any special needs or mobility aids you use or may require.

Manual Wheelchair Powered Wheelchair Powered Scooter Walker Cane

Personal Care Attendant (PCA) Respirator Service Animal Infant Car Seat

Do you have any other needs / conditions that we need to be aware of in order to transport you safely? Yes No. If yes, please explain _____

Certification and Acknowledgement

I understand and affirm that the information provided in this application is true and correct to the best of my knowledge. I understand that providing false or misleading information or making fraudulent claims or making false statements constitute a felony under the laws of the State of Florida.

Signature: _____

Date: _____

RETURN COMPLETED FORM TO:
RIDE SOLUTION, INC 220 N 11TH ST, PALATKA FL 32177
OR EMAIL TO SHIRLEY@THERIDE SOLUTION.ORG

DO NOT WRITE THIS SPACE	OFFICE USE ONLY
<input type="checkbox"/> New Eligibility <input type="checkbox"/> Redetermination	Received ____/____/____
Reviewed by: _____	Date: ____/____/____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied - Reason: _____	
