



INSTRUCTIONS FOR COMPLETING THE ELIGIBILITY APPLICATION PROCESS:

Thank you for your interest in the Americans with Disabilities Act (ADA) Paratransit program, a shared ride door-to-door service provided to riders unable to use fixed route buses due to a qualifying disability.



- **Please provide all information, fill in all the blanks, and sign where appropriate.**
- **The applicant must attach a full-page copy of their valid and current Pasco County government photo identification to this application.**
- **The Medical Verification Form must be completed and signed by a licensed professional familiar with the applicant's disability, health, and functional abilities.**
- **Incomplete applications will be returned to the applicant, delaying the approval process.**
- **It is important to note that applicants may be required to have either a phone interview or an in-person interview in our office.**

Licensed professionals include Physicians, Physician's Assistants, and Advanced Practice Registered Nurses. Disability verification by a licensed professional does not guarantee approval, but it does play a major role in the eligibility determination process.

GoPasco may request more information or require the applicant to attend an in-person functional assessment at a designated facility. If required, the applicant will be instructed how to complete the assessment. If an applicant does not have transportation to the assessment, GoPasco will provide it.

GoPasco will determine eligibility within 21 business days of receiving a complete application. Eligibility results will be sent to the applicant by U.S. Mail. If GoPasco cannot determine eligibility in 21 days, the applicant will be eligible for paratransit rides until the final determination is made.

Americans with Disabilities Act Paratransit Application

GENERAL INFORMATION FOR APPLICANTS:

First Name: _____ M: ___ Last Name: _____

Street Address: _____ Apartment: _____

Facility, Subdivision, or Community Name: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Gender: ___Male ___Female ___Other

Phone: _____ Mobile Phone: _____ Email Address: _____

Pasco Residency: ___Full Time ___Part Time ___Temporary

Emergency Contact (Required): _____ Relationship: _____

Phone: _____ Mobile Phone: _____

Language Preference: ___English ___Spanish ___Other: _____

Veterans ride free on GoPasco ADA trips. To report veteran status, attach a copy of one of the following identification cards to this application: Military ID, DD Form 214, VA Card, or a State ID marked "V".

Is applicant a United States Veteran? ___Yes___ No

If someone assisted the applicant with this form, please provide their:

Name: _____ Relationship: _____

Phone: _____ Mobile Phone: _____

Personal Care Attendants (PCA) ride free of charge with clients who have a medically justifiable need. GoPasco does not provide a PCA, drivers are not qualified to act as a PCA.

Does the applicant require a PCA?

___Yes___ No If yes, why:

Americans with Disabilities Act Paratransit Application

*This information is optional, used only for statistical reporting purposes; **it is not used to determine eligibility for services.** Please check all that apply and fill in the blanks:*

American Indian Asian Black Hispanic Pacific Island White

Marital Status: _____ Cultural Considerations: _____

What mobility aids or medical devices does the applicant use (check all that

apply)? Oxygen Cane Leg Braces Walker Crutches

Manual Wheelchair Power Wheelchair/Scooter

Bariatric Wheelchair White Cane Service Animal

If in a wheelchair, what is the combined weight of client and wheelchair? _____

How does the applicant currently travel to work, appointments, and errands?

Can the applicant ride a fixed route GoPasco bus if they were provided a

bus pass? Yes No

Can the applicant perform the below activities without help? (Yes / No):

Board a bus		Handle money and passes	
Understand directions		Travel on sidewalks	
Travel to nearest bus stop		Stand at a bus stop	
Identify the correct bus		Cross a street	
Balance while seated		Grip handles or rails	
Recognize landmarks		Wait outside for the bus	

Is there anything else GoPasco should know about the applicant to determine eligibility?

APPLICANT'S CERTIFICATION

Health Insurance Portability and Accountability Act (HIPAA) and Privacy Policy

GoPasco will safeguard and keep confidential all information about any applicant or client of any service offered by GoPasco. This applies to all written, verbal, electronic, or other communications between GoPasco and any applicant or client, which applies to both personal and medical information. GoPasco will only give employees access to this information when they need it to make an eligibility determination, provide paratransit service to the applicant, or when fulfilling regulatory reporting requirements. The applicant acknowledges that GoPasco will not share their personal and medical information with any person or agency without their express written consent. GoPasco may choose to verify the information provided in this application with the licensed professional providing it. *By signing below, I acknowledge that I have read, understand, and received a copy of this notice*

Applicant Signature: _____ Date: _____

Medical Information Release

By signing below, I give permission to my Healthcare Provider(s) to release my medically protected information to GoPasco, for the sole purpose of assisting in the determination of my eligibility to receive GoPasco paratransit services.

Applicant Signature: _____ Date: _____

Applicant Affidavit

I understand the purpose of this application is to help GOPASCO determine if I cannot use the GoPasco fixed route bus service and must use paratransit services. I certify, to the best of my knowledge, that the information 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, a felony under Florida law, which may result in a reevaluation or revocation of my eligibility.

Applicant Signature: _____ Date: _____

If the applicant is unable to sign, the applicant's power of attorney may sign for the applicant and must include proof of their power of attorney with application.

To verify Pasco County residency, please submit a full-page copy of the applicant's valid and current Pasco County government photo identification. Acceptable forms include a state issued driver's license or a state issued identification card. Address on identification must match address on application and all supporting documents.

Americans with Disabilities Act Paratransit Application



MEDICAL VERIFICATION FORM:

Note to Healthcare Provider: This form must be completed by a licensed Physician, Physician's Assistant, or Advanced Practice Registered Nurse.

Applicants Name: _____

Applicants Date of Birth: _____

*By completing and signing this form the licensed professional certifies the information on the application to the best of their knowledge. The Americans with Disabilities Act requires GoPasco to provide complementary paratransit service to those who are unable to use GoPasco's fixed route bus service due to a disability. This information helps GoPasco evaluate the applicant's ability to travel to and from a public bus stop and to ride a bus, without assistance. **All GoPasco buses are ADA accessible, with positions to secure wheelchairs and other mobility devices.** The information that you provide must be based solely upon the applicant having a physical or mental impairment that substantially limits one or more major life activities.*

What disability or condition prevents the applicant from riding the fixed route bus?

Is the disability or condition permanent? ___Yes ___No, if no, duration: _____

By signing this form, I certify the medical information provided in this application is true and correct to the best of my professional knowledge.

Signature: _____ Profession: _____

Printed Name: _____ Date: _____

Phone: _____ License Number: _____

Americans with Disabilities Act Paratransit Application

All information provided to GoPasco and Pasco County Government is confidential and will not be shared with any other person or agency without your written consent. For additional information, call GoPasco at **(727) 834-3322** or visit www.gopasco.com.



Please mail or hand deliver the completed application to:

GoPasco
8620 Galen Wilson Boulevard
Port Richey, FL 34668

Please note: Applications cannot be submitted via fax or e-mail.

