INSTRUCTIONS FOR COMPLETING THE ELIGIBILITY APPLICATION PROCESS:

GoPasco offers rides through Paratransit and/or Fixed Route bus services to pre-qualified clients sponsored by the Florida Commission for the Transportation Disadvantaged, CTD trips. The Transportation Disadvantaged (TD) program is a discretionary program which provides transportation assistance to those individuals in the community who, because of age, income status, or disability, do not have access to other means of transportation.

Fill out the application, sign all signature lines, provide full page copies of proof of income, and provide a copy (full page copy only) 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 ID must match all supporting documents.

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.

GENERAL INFORMATION FOR APPLICANTS:

First Name:_____ MI:___ Last Name: _____

Address:_____ Apartment:_____

Facility, Subdivision, or Community Name:_____

City:_____ State:_____ Zip Code:_____

Date of Birth:_____ Gender:____Male ____Female ___Other

Primary Phone:_____ Email Address:_____

Pasco Residency: ____Full Time _____Part Time _____Temporary

Emergency Contact (Required):_____ Relationship:_____

Primary Phone:_____ Mobile Phone:_____

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

Name:_____ Primary Phone:_____

Language Preference: ___English ___Spanish ___Other: _____

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:

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:* _____

Applications submitted without proof of income for ALL household members will not be approved until this is received. *Household includes all immediate family living in the same home; household also includes anyone else who lives in the same home who is receiving financial support from other members in the home. Immediate family includes married or unmarried couples or domestic partners, their children, step/foster children, parents, siblings, grandparents, and/or grandchildren.*

1. How many people in household (including yourself): _____

2. How many personal vehicles are owned/used by members in your household: _____

3. Are you able to drive or transport yourself? Do you have a ride available for vital trips (employment, education, medical visits)? _____ Yes _____ No

4. Complete table below for ALL members of the household (including yourself).

Name	Date of Birth	Relation to Applicant	Annual Gross Income*

**Gross income is the income before any taxes or withholdings are deducted; and includes wages/salary, Social Security, Disability, Retirement/Pension (including VA), Child Support/Alimony, etc.*

6. Attach proof of income for ALL family members' income listed above. Please provide COPIES as documentation will not be returned. **Accepted Proof of Income as follows:**

- 1st page of your tax return
- Minimum of (2) most recent pay stubs
- Social Security Income Verification (Approved or Pending)
- DCF Cash Benefit/Child Support Letter
- Unemployment Compensation Income Verification
- Retirement/Pension Statement (includes VA)

7. How does the Applicant currently get to appointments and shopping?

_____

8. List any other programs Applicant is enrolled in that provide transportation:

_____

9. Does the Applicant use a wheelchair, walker, or other mobility device?

_____Yes _____No If *yes*, what type? _____

VETERAN'S INFORMATION

Are you a United States Veteran? _____Yes _____No

If YES, type of Military Discharge:

_____Honorable

_____Other (Specify) _____

If YES, attach a copy of Discharge. *Need a copy of your Discharge? Contact Pasco County Elderly and Veteran Services (727) 834-3282.*

APPLICANT AFFIDAVIT:

I understand the purpose of this application is to help GoPasco determine if I am eligible for Paratransit services funded under CTD. 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, is considered a felony under the laws of the State of Florida and may result in a reevaluation or revocation of my eligibility.

GOPASCO PRIVACY POLICY ACKNOWLEDGEMENT:

It is the policy of GoPasco to safeguard and keep confidential all information about any applicant or client of any service offered by GoPasco. This policy applies to any written, verbal, electronic, or other communications between GoPasco and any applicant or client. This policy 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 the applicant's personal and medical information with any person or agency without their express written consent.

By signing below, I acknowledge that I have read, understand, and received a copy of this notice.

Applicant Signature:_____ Date:_____

If the applicant is unable to sign any part of this form, the applicant's power of attorney may sign for the applicant and must attach proof of their power of attorney to this form.

To ensure Pasco County residency, please attach a copy (full page copy only) of the applicant's valid and current Pasco County government photo identification to this application. Acceptable forms include a state issued driver's license or a state issued identification card. Address on ID must match all supporting documents.

GoPasco will use the provided information to determine program eligibility for one of the TD programs listed below. To qualify for Transportation Disadvantaged services in Pasco County, a person must live in Pasco County, be unable to get a ride from household members for life-sustaining trips, be unable to get rides on GoPasco fixed-route buses, and/or have documented household income which does not exceed 125 percent of the Federal Poverty Guidelines as defined by the Federal Department of Health and Human Services.

Sponsored Bus Pass Program: a monthly GoPasco fixed-route (TD) bus pass is provided at no charge to qualifying individuals who are financially prohibited from using the fixed-route transit service. Eligible recipients receive a bus pass via U.S. Mail to their Pasco County permanent address (P.O. Box not allowed). TD bus passes cannot be picked up at county facilities. Those qualified must use their TD bus pass a minimum of 21 times each month to stay enrolled.

Paratransit Program: a door-to-door service for Pasco County residents who cannot use our fixed-route transit service due to age, verifiable disability, or distance to a bus stop. Advanced reservations are required and a $2 fare from the rider will be required per trip booked.