



## MV Transportation

The information contained in this application will be used by MV Transportation to determine your eligibility for transit services.

I am applying for Non Sponsored\_\_\_\_ I have a disability that prevents me from transporting myself. \_\_\_\_ I am as senior citizen. \_\_\_\_ I live within the service area of Hardee, Highlands and Okeechobee, DeSoto counties. \_\_\_\_ I qualify as poverty level income or below. \_\_\_\_ I have no other means of transportation.

It should be noted that eligibility is determined by disability and also buy the systems budget constraints in each county.

DATE: \_\_\_\_\_ Social Security # \_\_\_\_\_ Medicaid# \_\_\_\_\_ Full/Partial

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ TDD: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Directions to Home: \_\_\_\_\_

1. Do you receive Food Stamps? \_\_\_\_\_
2. Do you have Medicaid? \_\_\_\_\_
3. How many family members in your home? \_\_\_\_\_
4. What is **YOUR** annual income? \_\_\_\_\_ **Total Household** income: \_\_\_\_\_
5. Do you live in an ALF, Nursing Home, Retirement Home or a boarding home? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Do you have relatives or friends living in the area (city or county) Yes/No  
Would they transport you if asked? Yes/No  
Do you know someone that would transport you if you paid for gas? Yes/No
7. Do you or anyone in your home, a friend, relative or neighbor own a vehicle. Yes/No Can this vehicle be used to transport you to appointments Yes/No If No please explain. \_\_\_\_\_  
\_\_\_\_\_
8. Is your condition Temporary Yes or No If yes what is the duration of the disability \_\_\_\_\_ Weeks/Months  
Are there any other effects of your disability of which we need to be aware \_\_\_\_\_  
\_\_\_\_\_
9. Do you use any mobility aids Check all that apply. Manual Wheelchair \_\_\_\_\_ Power Wheelchair \_\_\_\_\_  
Power Scooter \_\_\_\_\_ Cane \_\_\_\_\_ Crutches \_\_\_\_\_ Walker \_\_\_\_\_ Service Animal \_\_\_\_\_
10. Please answer the following questions:
  - A. Can you travel without assistance a distance of: 200 feet \_\_\_\_\_ ¼ mile \_\_\_\_\_ ½ Mile \_\_\_\_\_
  - B. Can you climb a 12" step? Yes/No Without assistance? Yes/No
  - C. Can you wait outside without support for twenty (20) minutes? Yes/No
  - D. Can you give an address and telephone number upon request? Yes/No
  - E. Can you recognize a destination or landmark? Yes/No
  - F. Can you ask for and follow directions? Yes/No
  - G. Can you handle unexpected situations or changes in your routine? Yes/No
  - H. Can you safely and effectively travel through a crowded or complex facilities? Yes/No
  - I. Are you totally blind? Yes/No legally blind? Yes/No
  - J. Are you totally deaf? Yes/No severally hearing impaired? Yes/No



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Explanations for what assistance you require. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information given above is true and correct.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Preparer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Process Date \_\_\_\_\_ By \_\_\_\_\_

**Mail or Fax back to: Fax 863-382-8469**

Any questions or concerns call:

Avon Park 863-452-0139

Sebring 863-382-0139

Lake Placid 863-6990995

Hardee 863-773-0015

Okeechobee 863-357-9900

DeSoto 800-694-6566

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