

LeeTran Passport Service Application

- ❖ Applicant or caregiver completes the Paratransit Application.
- ❖ Applicant or caregiver completes the emergency contact form.
- ❖ Licensed physician completes the Medical Certification form.
- ❖ Applicant or caregiver submits (upon request), an additional copy of your current medical disability or impairment to be provided by a physician or health care professional.
- ❖ Transportation Disadvantaged applicant **must provide proof of household income.**
- ❖ Applicant submits a copy of a government issued identification with date of birth.
- ❖ Applicant can fax, mail, or submit the completed forms at the address below.

Submit a Complete Application: We are required to make every effort to verify your income and medical information to determine eligibility. Blanks on your application are considered incomplete and may affect the timeliness of eligibility determination. Completed TD applications must contain all requested information. You are required to submit identification and applicable financial supporting documents when submitted. **Self-declaration of income is not accepted.**

- For more information about the program, read the LeeTran Passport Passenger's Guide at [Passport Passenger's Guide](#).
- If you have any questions regarding this process, please contact the Passport office at the telephone number listed below.

For TTY assistance dial 711. Accessible formats are available upon request.



Lee County Transit - LeeTran Passport Services
3401 Metro Parkway
Fort Myers, FL 33901
Phone Number: (239) 533-0300
Fax Number: (239) 432-2035



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EMERGENCY CONTACT FORM

APPLICANT/PASSENGER'S NAME: _____

EMERGENCY CONTACT: _____

RELATIONSHIP TO APPLICANT: _____

TELEPHONE NUMBER(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Introduction to Passport Service

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination and ensures equal opportunity and access for persons with disabilities. Lee County's Paratransit service, called Passport, is offered in strict accordance with the ADA. Passport is a shared-ride door-to-door service for persons with physical, cognitive, visual and/or other disabilities, which functionally prevent them from using the LeeTran fixed route bus system, either permanently or under certain conditions.

The Passport program provides transportation services sponsored by the Federal Transit Administration (FTA) and Florida Commission for the Transportation Disadvantaged (TD). Passport can be used for medical appointments, work, and other trips depending on the funding program the applicant qualifies under.

ADA Eligibility Requirements

Eligibility for paratransit service is directly related to the functional ability of individuals with disabilities to use fixed route transit services. Eligibility is not based on a diagnosis or type of disability. Disability alone does not confer or create eligibility for Passport service.

There are three categories under which a person can be eligible for demand response service:

Category 1: Eligibility includes those persons, who, because of their disability, cannot independently use a regular, accessible bus. **Category 2:** Eligibility is based on the accessibility of vehicles and terminals/stops (i.e., a person is able to use the regular bus, but it is not accessible). **Category 3:** Eligibility pertains to situations in which a person cannot travel independently to or from a bus stop.

Transportation Disadvantaged (TD) Eligibility Requirements

The TD Program is a "last resort" program for those persons, including children as defined in s. 411.202 F.S., who because of physical or mental disability, income status, or inability to drive due to age or disability are unable to transport themselves or purchase transportation and have no other form of transportation available. These persons are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, or medically necessary or life-sustaining activities.

Eligibility Criteria	
ADA	TD
- The origin and destination of your trip is within $\frac{3}{4}$ mile from a fixed route. - You have a recognized disability verified by a medical professional. - You are unable to utilize LeeTran's fixed route.	- Those persons who because of a physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation, or children who are handicapped or high-risk or at-risk. - Household income must meet a maximum of 200% of the current Federal Poverty Guidelines.

Eligibility Determination Procedures

Determining ADA paratransit and Transportation Disadvantaged (TD) eligibility—including the application of conditional, trip-by-trip eligibility—often requires more than a paper application. In-person interviews and functional assessments may be necessary to evaluate whether an individual can perform the tasks needed to use fixed-route service independently.

Interviews, conducted in person or by phone, allow eligibility staff to gather additional information as needed. Through an in-person interview, an evaluator can also identify environmental, architectural, or personal barriers that could affect an applicant's ability to safely and independently access public transportation.

Per **Federal Transit Administration (FTA) Circular 4710.1, Chapter 9.5.1**, transit agencies that require in-person interviews and functional assessments consider applications complete at the conclusion of the interview and assessment—not when the initial application is received.

Application Processing

Processing of Passport applications may take up to **21 calendar days**. The 21-day period begins once a completed application, including all required supporting documentation, is received. If a decision is not made within 21 days of receipt, the applicant will be considered eligible and granted access to transportation services unless the application is later denied.

Application Requirements

The Passport Application and Medical Certification form must be fully completed and signed prior to submission. The Medical Certification form must be completed by a licensed medical professional.

Medicaid Transportation

LeeTran is not the Medicaid Transportation Provider. Medicaid clients may receive their Medicaid transportation through the local Florida Managed Medical Assistance Provider (MMA). Medicaid clients must call the Medicaid Enrollment Help Line for information regarding MMA enrollment, benefits, and **Medicaid medical transportation at 1-800-226-6735**.

What if I am approved service?

If you are approved for Passport service, you will receive an approval letter in the mail outlining how to use the service. You will be required to pay a \$3.00 fare every time you board the vehicle. Reservations for the trip should be made at least 24 hours in advance for ADA trips and 48 hours in advance for TD trips.

What If I am denied service? How do I appeal?

If your application is denied, you will receive the basis for the determination in writing. You will also receive the Passport appeals request form and appeals procedure. You have sixty (60) calendar days to appeal the decision. LeeTran will contact you by phone to schedule an appeal hearing. If necessary, transportation can be provided to the hearing at no cost to you.

REMEMBER WHEN COMPLETING THIS APPLICATION

1. Type or Print legibly, **ILLEGIBLE/INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED. THIS WILL CAUSE A DELAY IN YOUR ELIGIBILITY DETERMINATION.** Please review the application carefully before submitting.
2. To confirm disability, **THE MEDICAL CERTIFICATION FORM IS REQUIRED** and must be completed by a medical professional.
3. **PROOF OF HOUSEHOLD INCOME IS REQUIRED FOR ALL TRANSPORTATION DISADVANTAGED APPLICANTS.** Acceptable types of proof of income are:

• Current tax return	• Unemployment Compensation Income Verification
• Child support letter	• Social Security Income Letter (SSA, SSI, SSDI)
• Minimum of two (2) employer pay stubs from the past two months	• Retirement/Pension Statement (includes VA)

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If you are unsure whether you qualify, have any questions, or need assistance completing this application, please call our customer service department at (239) 533-0300. For additional questions, please read the Passport Passenger's Guide at [Passport Passenger's Guide](#).

SECTION 1- APPLICANT INFORMATION

☐ Check here if you are a current Paratransit rider

☐ Check here if you currently receive Medicaid or any program that would pay for transportation.

(1) Name: _____
Last Name First Name M.I.

(2) Phone Number: (Home) _____ (Work) _____

(Cell) _____ Male ☐ Female ☐

(3) Home Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Name of Subdivision and/or Building Complex

(3a) Gate Code: Yes _____ No _____ GATE# _____

(4) If you are currently staying in a nursing home/assisted living facility, please provide the name of the facility: _____

(4b) Does the nursing home/assisted living facility provide transportation? ☐ No ☐ Yes

(5) Nursing Home/Assisted Living Facility Phone #: _____
Fax# _____

(6) Mailing address (if different): _____

(7) Date of Birth ____/____/____ (8) Medicaid Number: _____

(9) Medwaiver Program ☐ No ☐ Yes Agency for Persons with Disabilities (APD) Support Coordinator's Name & Phone #:

SECTION 2 - CURRENT TRAVEL INFORMATION

(1) How do you travel to your Destinations? _____

(2) List your most frequent destinations.

(3) Do you currently use LeeTran bus services (the city bus)? ☐ Yes ☐ No

If **Yes**, please list the routes you use and how often: _____

(4) Would you be interested in receiving **travel training** to learn how to use the Lee County Bus system? (*Travel training includes instruction or assistance with riding the bus and/or using a wheelchair on board.*)

☐ No ☐ Yes, please explain _____

SECTION 3 - DISABILITY AND MOBILITY INFORMATION

(1) What types of disabilities prevent you from using the LeeTran buses or utilizing your own transportation?

☐ Physical Disability

☐ Visual Impairment/Blindness

☐ Developmental Disability

☐ Mental Illness

☐ Other

☐ None

(2) Please describe in detail, how your disability prevents you from using the LeeTran buses. _____

(3) Mobility Aides:

☐ Manual Wheelchair

☐ Manual Wheelchair w/Braces

☐ Braces

☐ Crutches

☐ Guide Dog/Service Animal

☐ Cane

☐ Scooter/Electric WC

☐ Portable Oxygen

☐ Walker

☐ None of the above

☐ Other

(4) Do you require the assistance of a **Personal Care Attendant (PCA)**? *A PCA is someone who assists you with daily life activities and will also assist you with your transportation needs.*

☐ **Yes**, I need assistance with: ☐ Eating ☐ Mobility ☐ Medication

☐ Reading ☐ Other: _____

☐ **No**, I do not require a Personal Care Attendant

(5) Using a mobility aid or on your own, how far can you ambulate (use wheelchair)?

☐ I can ambulate (wheelchair) up to 1/4 mile

☐ I can travel up to 3 blocks

Other: _____

(6) Can you wait outside for up to ten (10) minutes at a bus stop?

☐ Yes

☐ Yes, only if the stop has a bench

☐ No, explain _____

(7) Please check all statements that describe your ability to walk outside and to get to and from bus stops on your own:

☐ Yes, I can walk outside.

☐ Most times/sometimes, I can walk outside.

☐ I cannot get to places if there are no curb cuts.

☐ I get confused and cannot find my way.

☐ I cannot if the street or sidewalk is too steep.

☐ No, my disability prevents me from walking outdoors.

☐ I cannot cross-busy streets and intersections.

☐ I feel unsafe traveling alone.

☐ I cannot travel outside when it is too hot.

☐ I cannot find my way at night because of a vision problem.

(8) Please describe circumstances that limit or prevent walking outside.

(9) Can you climb up to three (3) steps or up a ramp without assistance of another person?

☐ Yes ☐ No, please explain _____

SECTION 4 – FUNCTIONAL ABILITY ASSESSMENT

(1) Please indicate how often you are able to perform the following activities independently:

A. Provide your name, address, and phone number.

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

B. Recognize destinations, landmarks, or bus stops?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

C. Ask for and understand written or oral directions?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

D. Make a transfer from one bus to another with assistance from a LeeTran driver?

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

E. Use the telephone to obtain information.

☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

SECTION 5 – TRANSPORTATION DISADVANTAGED (TD) APPLICANTS

Income Based/Lack of Transportation (Proof of Household Income is Required)

(1) In order to determine if you qualify for TD, please answer the following:

_____ # of persons in your household \$_____ **Total** Annual Household Income

(2) Name(s) of person in household?	Is the person related to you?	Does this person own a car?
_____	☐ Yes ☐ No	☐ Yes ☐ No
_____	☐ Yes ☐ No	☐ Yes ☐ No
_____	☐ Yes ☐ No	☐ Yes ☐ No
_____	☐ Yes ☐ No	☐ Yes ☐ No

(3) Are you able to operate an automobile, even for short distances? ☐ No ☐ Yes

(4) Do you or anyone in your household own a car? ☐ No ☐ Yes

(5) How many personal vehicles are owned or used by members in your household?

☐ 0 ☐ 1 ☐ 2 ☐ 3 or more

(6) What are the license plate numbers of the cars in the households:

(7) Are these vehicles available for use? If not, please state why:

(8) Do you have any family or friends who live in the County you reside in? ☐ No ☐ Yes

(9) Has this person(s) ever transported you to the doctor? ☐ No ☐ Yes

(10) Would this person(s) take you to the doctor if you asked them? ☐ No ☐ Yes

SECTION 6 - VERIFICATION

Whoever knowingly and willfully falsifies or conceals a material fact, shall be fined not more than \$10,000 or imprisoned more than five (5) years or both (18 usc Section 1001,1982).

Under penalty of law, I hereby certify that the information given above is correct.

Signature of applicant: _____

Date: _____

Representative/Power of Attorney: _____

If someone else other than the person requesting certification has completed this application, please complete the following:

Name: _____ Relationship to Applicant: _____

Address: _____

City, State, Zip: _____

Contact Phone Number: _____

Fax Number: _____

**LeeTran Passport Services
3401 Metro Parkway
Fort Myers, FL 33901**

ADDITIONAL COMMENTS
