

THINGS TO DO:

- ❖ Applicant or caregiver completes the Paratransit Service 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 applicants applying for income based must provide proof of income.
- ❖ Applicant submits a copy of a government issued identification with date of birth.
- ❖ Applicant can fax, mail or drop the completed forms at the address below.

Submit a completed application. Incomplete applications will be mailed back after 60 days from the date received. LeeTran will notify you about the status of your application.

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

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: _____

LeeTran's Passport Service Application

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.

Face-to-Face Assessment

Only LeeTran, for the determination of ADA eligibility, will use the information obtained in this certification process. Per Federal Transit Administration (FTA) C 4710.1 chapter 9.5.1. Transit agencies that require in-person interviews and functional assessments, applications are considered complete at the conclusion of interviews and assessments, not when applications are received.

Eligibility Criteria	
ADA	Transportation Disadvantaged
<ul style="list-style-type: none"> • The origin and destination of your trip is within ¾ mile from a fixed route. • You have a recognized disability verified by a medical professional. • You are unable to utilize LeeTran's fixed route. 	<ul style="list-style-type: none"> • In order to be approved under income based TD, you must provide proof of income. • You have a physical or mental disability, income status, or age; that prevents you to transport yourself or purchase transportation.

Transportation Disadvantaged Eligibility Requirements

Eligible applicants are 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.

Phone Interview

TD clients will be required to participate in a phone interview to determine eligibility. TD clients applying due to medical reasons will need to complete the medical certification form.

Processing of Passport applications can take up to 21 calendar days. The 21-day period begins AFTER the applicant's assessment or interview has been completed.

The Passport Application and Medical Certification form must be thoroughly completed and signed before submitting. **The Medical Certification form must be completed by a Medical Licensed Professional.**

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.**

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 TTY assistance dial 711.

REMEMBER WHEN COMPLETING THIS APPLICATION

1. Type or Print legibly, **ILLEGIBLE/INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED, 60 days from the date it was received. 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 INCOME IS REQUIRED FOR ALL TRANSPORTATION DISADVANTAGED APPLICANTS APPLYING FOR INCOME BASED TRANSPORTATION.** Acceptable types of proof of income are pension benefit statements, unemployment benefits, current paystubs or tax returns.

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) _____

(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, please provide the name of the Facility: _____

(5) Nursing Home Phone #: _____ Fax# _____

(6) Mailing address (if different): _____

(7a) Date of Birth ____/____/____ (7b) Social Security No. ____ - ____ - ____

(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)? _____

If yes, what routes do you use and how often? _____

(4) Would you be interested in receiving travel training to use the Lee County Bus system? (I.e. travel/wheelchair training to use the system).

Yes No, please explain _____

SECTION 3 - DISABILITY AND FUNCTIONAL ABILITIES

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

- | | |
|---|--|
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Visual Impairment/Blindness |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Other | <input type="checkbox"/> None |

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

(3) Mobility Aides

- | | | |
|---|---------------------------------|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Braces | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Guide Dog/Service Animal | <input type="checkbox"/> Cane | <input type="checkbox"/> Scooter/Electric WC |
| <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Walker | <input type="checkbox"/> None of the above |

(4) Do you require assistance of a Personal Care Attendant (PCA is someone who must assist you with daily life functions/activities and will be required to assist you with your transportation needs).

Yes I, need assistance with:

- Eating Mobility No
 Medication Reading Other

(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
 3 blocks

Other _____

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

- Yes
 Yes, only if the stop has a bench
 No, explain _____

(7) Indicate which boxes apply to your ability to walk outside and to get to and from bus stops on your own.

- | | |
|---|---|
| <input type="checkbox"/> Yes, I can walk outside. | <input type="checkbox"/> Most times/sometimes, I can walk outside. |
| <input type="checkbox"/> I cannot get to places if there are no curb cuts. | <input type="checkbox"/> I get confused and cannot find my way. |
| <input type="checkbox"/> I cannot if the street or sidewalk is too steep. | <input type="checkbox"/> No, my disability prevents me from walking outdoors. |
| <input type="checkbox"/> I cannot cross-busy streets and intersections. | <input type="checkbox"/> I feel unsafe traveling alone. |
| <input type="checkbox"/> I cannot travel outside when it is too hot. | |
| <input type="checkbox"/> 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 - COGNITIVE ABILITIES

(1) Are you capable of doing the following?

A. Provide Name, Address and Phone Number?

Always Sometimes Never Not Sure

B. Recognize destination/landmark or bus stops?

Always Sometimes Never Not Sure

C. Ask for and understand written/oral direction?

Always Sometimes Never Not Sure

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

Always Sometimes Never Not Sure

E. Use the telephone to get information.

Always Sometimes Never Not Sure

SECTION 5 – TRANSPORTATION DISADVANTAGED APPLICANTS

Income Based/Lack of Transportation

1. In order to determine if you qualify for TD under income based, please answer the following:

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

2. How many personal vehicles are owned or used by members in your household?

0 1 2 or more

3. Are these vehicles available for use? If not, please state why:

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
