

TRANSPORTATION DISADVANTAGED (TD) ELIGIBILITY APPLICATION

In order for Bayway to determine if you qualify for Transportation Disadvantaged Services, you must complete the attached application and return it to Bayway. This application must be updated annually to determine continued eligibility. To expedite this process, the eligibility application must be filled out completely and accurately and be accompanied by supporting documentation. Florida Statue 427.011(1), states that Transportation Disadvantaged eligibility is to be determined based on income, age, and/or physical or mental disability. An intentional deception or misrepresentation will be considered fraud and may result in the suspension of your benefits. Please complete, sign and return this application to:

Bayway Operations and Maintenance Facility

920 Wilson Avenue

Panama City, Florida 32401

(850) 769-0557

Monday thru Friday

8:00 AM to 4:30 PM

Instructions:

In order to be eligible for Transportation Disadvantaged (TD) Demand Response Service, the applicant must have no other means of transportation available, **to include meaning the applicant does not live on or within ¾ miles of a bus route serviced by Bayway**, and at least one of the following criteria:

- Applicant is age 60 or older; or
- Applicant's income level falls below current federal poverty guidelines (<https://aspe.hhs.gov/poverty-guidelines>); or
- Applicant has a disability preventing the use of a bus route serviced by Bayway

Completing this application does not automatically certify an applicant for TD Demand Response Service.

Please complete only the parts of this application that apply to your specific situation as outlined below.

- If applicant has no other means of transportation available and applicant does not live on a bus route serviced by Bayway or applicant is age 60 or older, please complete:
 - **Section 1 only**
- If applicant has no other means of transportation available and applicant's income level falls below current federal poverty guidelines, please complete:
 - **Section 1 and Section 2 only**
- If applicant has no other means of transportation available and applicant has a disability preventing the use of a bus route serviced by Bayway please complete:
 - **Section 1 and Section 3 only**

Processing of this application can take up to 14 calendar days. The 14-day period begins after a completed application is received.

All applicants will be notified of the application outcome by email or letter.

Bayway will use the information in this application for the provision of transportation services. The information will not be provided to any other person or agency outside of Bayway.

Section 1: General Applicant Information

Legal First Name of Applicant:		Legal Last Name of Applicant:	
Home Address (PO Boxes are not accepted):		Apartment #:	Building #:
City:		State:	Zip Code:
Building Complex Name:	Gate Code:		Medicaid #:
Telephone (Home):	Telephone (Work):	Email Address:	
Date of Birth		Sex	
		<input type="checkbox"/> Male	<input type="checkbox"/> Female

Accessible Format Requirements:

Large Print
 TDD
 Audio Tape
 Other

Note: All Bayway vehicles are ADA accessible. The use of a mobility device will not automatically make you eligible to use the TD Demand Response Service.

Please check any of the following mobility aids or equipment you use (Check all that apply).

<input type="checkbox"/> Cane	<input type="checkbox"/> Crutches	<input type="checkbox"/> Leg Braces	<input type="checkbox"/> Walker
<input type="checkbox"/> Portable Oxygen	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Sighted Guide	<input type="checkbox"/> White Cane (Blind)
<input type="checkbox"/> Picture Board	<input type="checkbox"/> Alphabet Board	<input type="checkbox"/> Stretcher	<input type="checkbox"/> Wheel Chair
<input type="checkbox"/> Powered Wheelchair	<input type="checkbox"/> Power Scooter/Cart	<input type="checkbox"/> Lift Services	<input type="checkbox"/> Amputee
<input type="checkbox"/> Escort or Personal Care Attendant (PCA)	<input type="checkbox"/> Other: _____		

Determination of Eligibility

Indicate the reason why you are seeking TD Demand Response Service eligibility (Check all that apply)

I do not live on or within ¾ miles of a bus route serviced by Bayway.

I am age 60 or older.

My income level falls below current federal poverty guidelines. (Proof of income is required)

I have a disability preventing the use of a bus route serviced by Bayway.

Other: _____

Emergency Contact

Name	Telephone
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Applicant Certification

I certify the information provided 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 and is considered a felony under the laws of the State of Florida. I authorize the medical professional(s) listed to release information to Bayway about my disability and its effects on my ability to travel on Bayway’s fixed route transit system. I understand that I may revoke this authorization at any time with written notice to Bayway.

Applicant Signature

Date

Section 2: Verification of Income

In order to determine if you qualify for Transportation Disadvantaged (TD) Demand Response Service, please answer the following questions:

Number of relatives, including yourself, living in household:	# _____
Total annual household income:	\$ _____
Total annual individual income:	\$ _____

Proof of income is required. Please submit one of the following documents as your proof of income:

- Most recent pay stub with year-to-date reporting
- Florida Department of Children and Families (DCF) Benefits / Cash Assistance / Food Stamps
- Unemployment Compensation
- Social Security Awards Letter (SSA / SSI / SSDI)
- Retirement / Pension / Investment
- Disabled Veteran Benefits
- Housing benefits (HUD, Section 8)
- Other (Specify): _____

Section 3: Medical Verification

This form must be completed by a medical professional if you are applying for Transportation Disadvantaged (TD) Demand Response Service due to a medically verified physical or cognitive condition, impairment, or disability.

Acceptable Medical Professionals Include:

Medical Doctor	Audiologist	Registered Nurse
Doctor of Osteopathic Medicine	Ophthalmologist	Physical Therapist
Doctor of Chiropractic	Psychologist	Licensed Practical Nurse
Occupational Therapist	Physician Assistant (PA)	Nurse Practitioner (ARNP)
Licensed Clinical Social Worker		

Dear Medical Professional:

In order to determine an applicant’s eligibility for Transportation Disadvantaged (TD) Demand Response Service, we require this form be completed and returned. Only licensed medical professionals having knowledge of the applicant’s functional ability to use Bayway’s Demand Response Service should complete this form. Bayway’s Demand Response Service is a curb to curb public transit system program providing transportation assistance to those who cannot obtain their own transportation due to a disability, age, or income.

All of our vehicles are wheelchair accessible and equipped with wheelchair lifts/ramps. Therefore, use of a wheelchair does not automatically make an applicant eligible to use Bayway’s Demand Response Service.

Thank you for your assistance.

Name of Applicant:	Date of Birth:
<p>Has this person been diagnosed with a cognitive, mental, physical, or other disability preventing use of Bayway’s fixed route bus service?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Does this person require an Escort or Personal Care Attendant (PCA) while traveling or upon reaching their destination? (A PCA is someone designated or employed specifically to help the eligible individual meet his or her personal needs. This may be an employee of the eligible rider, a relative, a friend, or a care provider.)</p> <p style="text-align: center;">Bayway <u>does not</u> provide Escorts or Personal Care Attendants.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Is this person’s disability:</p> <p><input type="checkbox"/> Permanent <input type="checkbox"/> Temporary</p> <p>If temporary, how long? _____</p>	

Please describe any other medical conditions this person has at this time, including any restrictions, limitations, prognosis, and severity.

Is the person able to perform any of the following?

Communicate addresses, destinations, and phone numbers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Read and/or monitor time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ask for, understand, and follow instructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Deal with unexpected situations or changes in routine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safely and effectively travel through crowded or complex facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Open doors to facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Navigate to a doctor's office in a multi-level facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ask for, understand, and follow instructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Medical Professional Information

Medical Professionals Name and Title:

License Number:	Email:
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Street Address:	Building #:
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City:	State:	Zip Code:
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Medical Certification:

In signing, I acknowledge that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in the re-examination of the eligibility status of the applicant as well as prosecution to the maximum extent allowed by the laws of the State of Florida.

Medical Professional Signature

Date