



Paratransit Application for Seniors and Citizens with Transportation Disadvantages

INSTRUCTIONS FOR COMPLETING THE ELIGIBILITY APPLICATION PROCESS:

GoPasco offers rides to pre-qualified seniors sponsored by the Area Agency on Aging of Pasco-Pinellas, also called OAA trips. Because the number of OAA trips available each month is limited, OAA trips are given on a first-come, first-serve bases at no cost to the rider.

GoPasco also offers rides to pre-qualified clients sponsored by the Florida Commission for the Transportation Disadvantaged, also called CTD trips. Most applicants apply for both OAA and CTD because they can still take CTD trips when OAA trips are not available. CTD trips cost the rider \$2.00 per trip. ***To be considered for CTD trips the applicant must complete the ADDITIONAL INFORMATION FOR CTD APPLICANTS section below.*** At the time a trip is booked GoPasco will inform the rider if their trip is OAA or CTD and how much their ride will cost.

Applicants who wish to apply for Americans with Disabilities Act (ADA) paratransit service should complete the GoPasco ADA Paratransit Application, available at our office or online. Applicants using that application will be considered for OAA and CTD trips as well.

Fill out the application as completely as possible, sign all signature lines, and return it by mail or in-person to the address below. GoPasco does not accept facsimile or faxed applications. If you need help with the application, call GoPasco at the number listed below so a representative can help.

After receiving a completed application, GoPasco determines eligibility within 21 calendar days. Eligibility results are sent by mail. If, after 21 days, GoPasco has not decided on your eligibility, we will provide you with paratransit service until a final determination is made.

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 the completed application to:

**GoPasco
8620 Galen Wilson Boulevard
Port Richey, FL 34668**



GoPasco

Paratransit Application for Seniors and Citizens with Transportation Disadvantages

Received: _____ Processed: _____
MM/DD/YYYY MM/DD/YYYY

Client ID: _____ New Applicant Recertification

Mobility Equipment: _____

Reviewed By: _____ On: _____
MM/DD/YYYY

Approved for: OAA CTD Other: _____

Approved: _____ Expires: _____
MM/DD/YYYY MM/DD/YYYY

GENERAL INFORMATION FOR OAA AND CTD APPLICANTS:

First Name: _____ MI: _____ Last Name: _____

Street 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: _____

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: _____

Additional Information for CTD Applicants:

Annual Household Income: _____ Income Sources: _____

Including Applicant, total number of people in household (complete details below): _____

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<u>Name</u>	<u>Relationship to Applicant</u>	<u>Age</u>	<u>Licensed to Drive</u>	<u>Vehicle Type Owned</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Does Applicant own a vehicle? Yes No If Yes, what type? _____

Does anyone in the household own a vehicle? Yes No If Yes, Who? _____

How does the Applicant currently get to appointments and shopping? _____

List any other programs Applicant is enrolled in that provides transportation: _____

Does the Applicant use a wheelchair, walker, or other mobility device? Yes No
If Yes, what type? _____

APPLICANT AFFIDAVIT:

I understand the purpose of this application is to help GoPasco determine if I am eligible for Paratransit services funded under OAA or 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.

Applicant Signature: _____

Date: _____

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 requirement, 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: _____

Collection of Social Security Numbers Notice:

Florida Statute 119.071(5) and Title 42 of the Code of Federal Regulations, Section 435.910 requires an agency collecting Social Security Numbers to provide a written explanation why they are collecting the Social Security Number.

Why is GoPasco collecting the applicant’s Social Security Number? GoPasco is collecting the applicant’s Social Security Number as part of its responsibility to determine transportation eligibility. GoPasco does this to assess the applicant’s eligibility for transportation services funded by the state or federal government.

The provision of the applicant’s Social Security Number is mandatory, and the applicant’s information will remain confidential and protected under penalty of law. GoPasco will not use or give out the applicant’s Social Security Number for any reason other than to determine the applicant’s eligibility for transportation services. GoPasco will not give the applicant’s Social Security Number to other agencies unless the applicant has signed a separate form consenting to the release of information to another agency.

Affidavit:

I understand and affirm that the information provided in this application is truthful and accurate to the best of my knowledge and authorize the release of this information to GoPasco for the purpose of evaluating my eligibility to participate in the Paratransit services program. I understand that providing false or misleading information, or making fraudulent claims, or making false statements on behalf of others constitutes a felony under the laws of the State of Florida. I agree to notify GoPasco of any changes in my status immediately and understand that this may affect my eligibility to use these services. I understand the reason why GoPasco collects my Social Security Number.

Applicant’s Social Security Number: _____

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.

Please attach a copy of the applicant’s valid government photo identification to this application. Acceptable forms include a state issued driver’s license, a state issued identification card, a U.S. military issued identification card, or a passport.