



Transit

Community Transportation Rider Registration Form

Dear Potential MTM Transit Client:

Thank you for your interest in becoming an MTM Transit client in DeSoto, Hardee, Highlands, or Okeechobee County. We welcome the chance to meet your transit needs and offer you excellent customer service.

Included in this envelope you will find the Rider Registration Form (RRF). You should fill out this form in its entirety. Please return all documents to our MTM Transit staff listed below.

Mailing Address

MTM Transit
Attention: MTM Transit Scheduling Team
4650 US Hwy South
Sebring, FL 33870

Fax Number

1-863-382-8469

Email

HeartlandAccess@mtm-inc.net

The Rider Registration Form is required to be eligible for transportation. MTM Transit is your Community Transportation Coordinator and provides door-to-door transportation to live a healthy life - medical appointments, employment, education, shopping, social activities, and other life-sustaining services in DeSoto, Hardee, Highlands, and Okeechobee Counties. The service is funded by the Transportation Disadvantaged Trust Fund, rural public transportation grants, and local funds. Please allow up to five (5) business days for MTM Transit to receive and process your request. We look forward to helping you access your community. Again, we appreciate your interest. Thank you for fully completing the forms.

Riders who do not meet the eligibility for the Transportation Disadvantaged program or do not provide documentation may still be able to access transportation services from MTM Transit, however there may be limited availability based on funding. If you have any questions or need help completing this form, please call 800-260-0139.

Sincerely,

MTM Transit Scheduling Team



Important: Please be sure to answer all questions. Failure to do so may delay eligibility. If you do not know the answer, please write "do not know." If a question does not apply, please write "N/A."

Please note: additional documentation may be required.

Last Name: _____ First Name: _____ MI: _____
 DOB: _____ Gender: Female Male
 Medicaid #: _____ Email: _____
 Address: _____ City: _____
 Zip: _____ County: _____
 Phone #: _____ TDD #: _____
 Emergency Contact: _____ Relation: _____
 Phone #: _____

Annual Household Income: _____ Source: _____

Are you frail, disabled, or do you have some other physical or mental limitations? Yes No

Please list two (2) of your most frequent destinations and how you get there now.

Destination 1: _____

How do you get there now? Car Bus Van/Taxi Other _____

Destination 2: _____

How do you get there now? Car Bus Van/Taxi Other _____

What other means of transportation are available for you to use? _____

Do you have a valid driver's license? YES NO

Do you have access to a vehicle? YES NO

If YES, why are you unable to use the vehicle?

Are you enrolled in any other programs that will pay for or provide transportation? Yes No

If yes, please explain: _____

Please check or list any special needs or services you require during transportation:



- Powered Wheelchair Manual Wheelchair Walker/Cane Stretcher
- Portable Oxygen Service Animal Scooter Personal Care Attendant
- Other: _____

I understand and affirm that the information provided in this registration for rural public transportation and Transportation Disadvantaged services is true and correct, to the best of my knowledge, and will be kept confidential and shared only with services and appointments. I understand providing false and/or misleading information, making fraudulent claims and making false statements constitutes a felony under the laws or the state of Florida.

Applicant Signature: _____ Date: _____

MTM USE ONLY

Date Received:	New Registration: <input type="checkbox"/>	Renewal: <input type="checkbox"/>	
Reviewed by:	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	
Reason for Denial:			
Approved Funding Sources	TD – Age <input type="checkbox"/> TD – Income <input type="checkbox"/> TD – Disability <input type="checkbox"/> Documentation Provided: _____	Section 5310 <input type="checkbox"/>	Section 5311 <input type="checkbox"/>

Signature: _____ Date: _____