



MV Transportation

The information contained in this application will be used by MV Transportation to determine your eligibility for transit services. The CTC is responsible for coordinating and/or providing transportation services to individuals who are transportation disadvantaged. You are considered "transportation disadvantaged" if, because of age, income, or a disability, you cannot drive and do not have access to other transportation options. It should be noted that eligibility is determined by disability and also by the systems budget constraints in each county .

APPLICATIONS MUST BE RENEWED EVERY TWO YEARS!

Date: _____ Medicaid# _____

Last Name _____

First Name _____

Middle Initial: _____

Home Address _____ Apt #: _____

City: _____ County _____ Zip Code : _____

Phone#: _____ Cell#: _____

Date of Birth ____ / ____ / ____ Age _____ Male/Female

Emergency Contact: _____

Phone#: _____

Directions to Home:

1. Do you receive Food Stamps? _____
2. Do you have Medicaid? _____
3. How many family members in your home? _____
4. What is **YOUR** annual income? _____
5. Do you live in an Assisted Living Facility, Nursing Home, Retirement Home or a boarding home? Yes/No Do you have relatives or friends living in the area that would transport you if asked? Yes/No



MV Transportation

6. Is your condition Temporary Yes or No? If yes, what is the duration of the disability? _____ Weeks/Months

Are there any other issues we should be made aware of?

7. Do you use any mobility aids? Check all that apply,

Manual Wheelchair Power Wheelchair

Power Scooter _____ Cane _____ Crutches _____ Walker _____ Service Animal _____
Please answer the following questions:

- A. Can you travel without assistance a distance of: 200 feet $\frac{1}{4}$ mile
_____ $\frac{1}{2}$ Mile _____ ?

- B. Can you climb a 12inch step? Yes/No Without assistance? Yes/No
C. Can you wait outside without support for twenty {20} minutes? Yes/No
D. Can you give an address and telephone number upon request? Yes/No
E. Can you recognize a destination or landmark? Yes/No
F. Can you understand and follow directions? Yes/No
G. Can you handle unexpected situations or changes in your routine?
Yes/No
H. Can you safely and effectively travel through a crowded or complex facility? Yes/No
I. Are you totally blind? Yes/No legally blind? Yes/No
J. Are you totally deaf? Yes/No severally hearing impaired? Yes/No
K. Do you have a personal care assistant (escort) to assist you when you travel? Yes/No



MV Transportation

I hereby certify that the information given above is true and correct.

Signed: _____ Date: ____ _

Preparer's Signature _____ Date _____

Print Preparer's Name _____

Phone _____

Please return to:

MV Transportation

4650 US 27 South

Sebring, FL 33870

Fax to 863-382-8469

Please call after 5 days for status of request.

Avon Park 863-452-0139

Sebring 863-382-0139

Lake Placid 863-699 -0995

Hardee 863-773-0015

Okeechobee 863-357-9900

DeSoto 800-694-6566

Glades/Hendry

800-260-0139

Office Use Only:

Date Received:

T.D. Eligible:

Other Funds Eligibility: