



Application for the Transportation Disadvantaged (TD) Program (Page 1 of 3)

The Transportation Disadvantaged Program provides lower-cost transportation for life-sustaining trips to Manatee County residents whose gross household income is below 200% of poverty, and who do not have another way to take these trips. To apply, complete and submit this application for each member of your household who needs this service (age six and above, children 5 and under ride MCAT free).

Applications submitted without proof of income/no income for all household members will not be approved until this is received.

DATE:	
NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	
DATE OF BIRTH	

1. Do you already have a ride available for vital trips (work, food, medical)?

Yes, most of the time No, not most of the time

2. Are you eligible for a bus pass from: Medicaid, an agency or other organization?

Yes No

If yes, please specify which one: _____

3. Are you a student at a local college, university, or high school?

Yes No

If yes, please specify which one? _____

4. Can you use MCAT's regular fixed route bus system for all of your life-sustaining trips?

Yes No

If no, why not? _____

5. Please write your ID number for each program below to which you are eligible:

MEDICAID #:	
MEDICARE #:	
AGENCY NAME	



Application for the Transportation Disadvantaged (TD) Program (Page 2 of 3)

6. Do you have any physical disabilities?

Yes

No

If yes, what types(s)? _____

7. Does anyone in your household require a wheelchair for mobility and travel?

Yes

No

8. You **MUST** complete the table below for each immediate family member of your household (YOURSELF, spouse, parents, children, step and foster children, siblings, grandparents, grandchildren living at the same address). For Monthly Gross Income, list all income by source and attach proof of income for each source as described below. **Gross income is before all taxes and withholding and includes pay, Social Security, Disability, Cash Benefits, and child support:**

Name	Date of Birth	Relationship to You	Monthly Gross Income

9. How many persons are in your household (Household includes yourself and any relatives living at the same address)? _____

10. What is your household's Monthly Gross Income from the table above?

11. **Attach proof** of each source of income listed above for you and all members of your household to this completed application. **Please provide copies as proof of income. Copies will not be returned.**

Acceptable forms of proof of income include current copies of:

- 1st page of your tax return
- DCF Cash Benefit/Child Support Letter
- Minimum of (2) most recent pay stubs
- Unemployment Compensation Income Verification
- Social Security Income Verification or Proof of Income Letter (includes SSI and SSDI)
- Retirement/Pension Statement (Includes VA)

If no one in your household has income, you must submit proof of Food Stamp eligibility or a signed letter on agency letterhead verifying that you have no income. Applications missing proof of income/no income will not be approved for TD until this form is received.



Application for the Transportation Disadvantaged (TD) Program (Page 3 of 3)

APPLICANT NAME: _____

DATE OF BIRTH: _____

12. How many days in the calendar month will you need MCAT to get to:

Medical/Health: # Days _____

Includes doctors, dental, pharmacy, mental health, drug treatment, and AA/NA/PTSD support groups (list phone number for each in next section for verification).

Food: # Days _____

Includes grocery and other food stores, as well as food distribution sites and group meals.

Vital Services: # Days _____

Includes government and non-governmental social service agencies, banks, utility bill payment sites, and check cashing services.

Employment: # Days _____

Includes paying jobs only, not volunteering/unpaid work.
(list phone number and work hours for each job in next section for verification)

Job-Required Training: # Days _____

Includes only course work required by your current employer.

Other Education & Training # Days _____

Includes courses except for Job-Required Training above.

Other Life-Sustaining Trips NOT already counted above # Days _____

Total number of all trips listed above **Grand Total:** _____

By signing this form, I am stating the information I have given is true and complete to the best of my knowledge; if falsified, my TD services will be suspended:

SIGNATURE _____ **DATE** _____

Contact MCAT two weeks after submitting your application to find out your eligibility status. Bus passes are issued between the 1st – 10th of each month, with a valid government-issued photo ID. See the Transportation Disadvantaged page at www.mymanatee.org/mcat for more details.

Bring this completed form to an MCAT Sales and Information Clerk at a Transit Station or mail to:

Transportation Disadvantaged Program, 2411 Tallevast Road, Sarasota, FL 34243

Phone: (941) 747-8621