

Hillsborough County Sunshine Line

Application for Transportation Disadvantaged Program

Use this form ONLY when it is not possible to call Sunshine Line for pre-screening

Name _____

Address: **(Please include Apt, Lot #s)**

Mailing Address if different:

Phone Number: _____

Date of Birth _____

Social Security Number: _____

Male Female

Emergency Contact: _____

Emergency Contact #: _____

Do you have a mental, developmental or physical disability? Yes No

What is your disability? _____

Would your disability prevent you from getting to a bus stop or using HART buses? Yes No

How? _____

Is this a temporary condition? Yes No

If yes, how long is it expected to last? _____

Do you use a wheelchair or other mobility aide? Please check all that apply

Wheelchair Walker Scooter Cane or Crutches

Other _____

Can you use the steps to enter and exit a van or bus? Yes No, I need a ramp, lift or low-floor.

Do you have a HART disabled ID HARTPlus ID Neither

Please list **all other members of your household** and their monthly income. Attach additional sheets if necessary. **Proof of income must be included with completed application.**

Name	Date of Birth	Relationship

Income Source	Amount Received per Month for each Household Member			
	Self	Name:	Name:	Name:
Employment	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Social Security/SSI/SSD	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$
Child Support/alimony	\$	\$	\$	\$
Veterans Assistance	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
TOTAL Income	\$	\$	\$	\$

Total Household income : \$ _____

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

Do you have a Medicare Advantage Plan (Medicare Part C)? Yes No

Does it cover transportation to medical appointments? Yes No

Do you have other health insurance that covers transportation to medical appointments? Yes No

Does anyone in the household have a car? Yes No

If yes, can it be used for your transportation? Yes No

If no, explain why _____

Do you require an escort to ride with you? Yes No

If yes, please send a completed Escort Justification Form or call our office to request a form.

Please be advised that certain identifying information, including your name, will be provided to HART for requested bus passes. Florida has a very broad Public Records Law, and information you provide to Hillsborough County Sunshine Line is subject to disclosure pursuant to Chapter 119 of the Florida Statutes unless expressly exempted.

By signing this application I am stating that all information in this application is true, complete and correct. I certify that this includes all income sources for the entire household. I understand that any passes I receive are for my transportation only.

Signature _____ Date: _____

Name and Signature of person preparing form if not applicant:

Signature: _____ Printed Name: _____

Phone # for follow-up: _____

For Staff Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Denied (reason: _____)
Follow-up: _____
date _____ initials _____

Please mail form along with copies of documentation showing proof of age, income or disability (if applicable) to the address below:

Hillsborough County Sunshine Line
PO Box 1110
Tampa FL 33601

Acceptable Documentation – send copy of proof for 1 of the following:

- Age 60 or older: State Driver's License or Identification Card, or
Birth Certificate, or
Passport (current or expired), or
Government issued ID with date of birth
- Disability: (if applicable) Proof of disability benefits, or
HART disabled permit or HARTPlus ID card, or
Documentation of disability from a medical provider
- Low-Income: Documentation for all sources of household income including:
Award letter for Social Security and other assistance, employment income, etc.
1st page of tax return, or
If no income: signed letter on agency letterhead verifying no income
or signed Income Certification Form