

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? _____

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

Wheelchair Walker Scooter Cane or Crutches

Other _____

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	\$	\$	\$	\$
Food Stamps/SNAP	\$	\$	\$	\$
Housing(HUD, Section 8)	\$	\$	\$	\$
Child Support/alimony	\$	\$	\$	\$
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 your 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

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: _____

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 income to the address below:

Hillsborough County Sunshine Line
PO Box 1110
Tampa FL 33601

Required Documentation

Documentation for all sources of household income including:

Award letter for Section 8, Food Stamps, Social Security,
Housing Assistance, and other assistance,

or

1st page of tax return,

or

If no income: signed letter on agency letterhead verifying no income
or signed Income Certification Form