



Section 3 – SPECIAL NEEDS

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

\_\_\_\_\_ Powered Wheelchair                      \_\_\_\_\_ Stretcher                      \_\_\_\_\_ Manual Wheelchair  
\_\_\_\_\_ Walker    \_\_\_\_\_ Cane    \_\_\_\_\_ Service Animal  
\_\_\_\_\_ Respirator    \_\_\_\_\_ Personal Care Attendant (PCA) or Escort

Section 4 – CERTIFICATION AND ACKNOWLEDGEMENT

I understand and affirm that the information provided in this application for Non-Emergency Transportation services is true and correct, to the best of my knowledge, and will be kept confidential and shared only with medical and transportation professionals involved in evaluating and determining my needs and eligibility for transportation to and from eligible services and appointments. I understand that providing false misleading information, or making fraudulent claims, or making false statements on behalf of others constitutes a felony under the law of the State of Florida.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE IF CLIENT IS UNDER 18 \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

FLAGLER COUNTY PUBLIC TRANSPORTATION

1769 East Moody Blvd, Bld. #5  
Bunnell, Fl. 32110

386-313-4100 phone                      386-313-4143 fax

Section 5 – RESULTS OF INTERVIEW

**DO NOT WRITE IN THIS SPACE – OFFICIAL OFFICE USE ONLY**

NEW ELIGIBILITY APPLICATION \_\_\_\_\_ REDETERMINATION \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ APPROVED DATE: \_\_\_\_\_ DENIED DATE: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_