

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

Can you Do Stairs (Y/N) _____ lift Needed (Y/N) _____

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. **I read and accept the conditions of the User Guide.**

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

Phone: 386-313-4100 Fax: 386-313-4143

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: _____