



OKALOOSA COUNTY TRANSIT

Transportation Disadvantaged Application

Welcome to RideOCT!

Okaloosa County Transit offers curb-to-curb transportation services for various essential and life-sustaining activities including healthcare, employment, education, shopping, social activities, and more. We will do our best to serve all non-essential trips. Trips and funding are limited and are based on a “first come first serve” basis – trips are not guaranteed.

If you do not have a personal vehicle or cannot rely on a personal vehicle for your transportation needs, you may qualify for the Transportation Disadvantaged (TD) Program based on one or more of the following criteria:

- **Age:** Age 60 or older, or under 18
- **Household income:** Income below 200% of 2026 Federal Poverty Guidelines
- **Disability:** Physical, cognitive or mental disability that limits your ability to travel independently. This condition can be short-term or long-term.

Reservations can be made Monday through Friday 7:30am - 4:30pm by calling (850) 833-9168, or by using the RideOCT Okaloosa County Transit app on your mobile phone. Trips can be reserved up to 14 days in advance but no later than 12:00pm the day before your requested travel. All trips within Okaloosa County are \$3. Out-of-County medical trips may be approved based on necessity, and are \$6/trip. You must have exact change.

How To Apply:

This application has 3 parts

- **General Information – required for all applicants**, including a color photo of a government issued ID
- **Income Verification** – *required only for clients applying based on income*
- **Medical Verification** – *required only for clients applying based on disability*

Where To Apply:

Apply online: Submit Part 1 online at RideOCT.com. If you are applying based on household income or disability, complete Part 2 (if applying based on income) or Part 3 (if applying based on disability) from this document, and attach it to your online application.

Apply via email: Complete Part 1, and if applicable, Part 2 or Part 3.
Email okaloosa-eligibility@ridewithvia.com with your completed application and supporting documentation.

Apply in person: Visit us at 600 Transit Way, Fort Walton Beach, Monday through Friday from 8:00 a.m. to 4:00 p.m. Our team will be happy to assist you with your application.



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Application Requirements:

- Type or print legibly, and sign where indicated.
- Include a legible, color copy of a valid photo ID with every application. It will be returned if unreadable or expired.

If applying based on age:

- Applicants age 60 and over, or under 18, must provide a legible color copy of a valid ID.

If applying based on income:

- Include a copy of the last month's pay stubs for every employed household member.
- Include a copy of your Florida Medicaid card, if applicable.
- If applying without income, complete the statement of No Income on page 4

If applying based on disability:

- Include a copy of your Florida Medicaid card, if applicable.
- Include proof of disability, if applicable
- If you have medical insurance, including Florida Medicare, include a copy of your card.
- If disability criteria applies, a licensed medical professional must complete the Medical Verification section in this application.
- Children age 12 and older may ride unaccompanied. A copy of the birth certificate is required for children 17 and under.

Dark, unreadable, incomplete, or unsigned applications will be returned. Completing this application does not automatically certify an applicant for eligibility. Applications take up to 21 days to process from the date received. Applicants will be notified of the outcome by email or letter.



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Part 1: General Information (Required for ALL APPLICANTS)

First Name: _____ Last Name: _____

Date of Birth: _____

Home Address: _____ Apt # _____

Apartment / Facility Name (Optional): _____

City: _____ State _____ Zip Code _____

Primary Phone: _____ Secondary Phone _____

Email Address: _____

Mailing Address (if different): _____

City: _____ State _____ Zip Code _____

Mobility Device (if required): _____

Caregiver / Emergency Contact Information

1: Full Name: _____ Relationship: _____

Phone Number(s): _____

If this person can manage trips on your behalf, please initial: X _____

2: Full Name: _____ Relationship: _____

Phone Number(s): _____

If this person can manage trips on your behalf, please initial: X _____



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Part 1: General Information (Required for ALL APPLICANTS)

Assistive Devices Used:

To ensure the best service, please check or list any special accommodations you use while being transported.

- | | | |
|---|---------------------------------------|--|
| ☐ None needed | ☐ Prosthesis | ☐ Manual Wheelchair |
| ☐ Cane | ☐ Companion | ☐ Electric Wheelchair |
| ☐ Walker | ☐ Oxygen Tank | ☐ Extra-Wide Wheelchair |
| ☐ Service Animal | ☐ Vehicle Lift | ☐ Scooter |

Other mobility device or accessibility need: _____

Note: Ride OCT may not be able to accommodate a mobility device wider than 30 inches or longer than 48 inches, or a combined occupant + device weight exceeding 600 pounds.

Disability Information

What type(s) of disability is a barrier to transportation?

- | | |
|---|---|
| ☐ Physical Disability | ☐ Visual Impairment |
| ☐ Cognitive Disability | ☐ Hearing Impairment |

Other / Explain: _____

Is the disability described above temporary or permanent?

- | | | |
|------------------------------------|------------------------------------|--|
| ☐ Permanent | ☐ Temporary | ☐ I do not know |
|------------------------------------|------------------------------------|--|

If temporary, expected duration / end date: _____

By signing below, I confirm that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false, incomplete, or misleading information, or making fraudulent claims, constitutes a felony under Florida law.

X _____



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Part 2: Income Verification

If applying based on income (below 200% of 2026 Federal Poverty Guidelines)

Is the applicant employed? Yes ☐ No ☐ If yes, provide 2 most recent paystubs

If married, is the spouse employed? Yes ☐ No ☐

Do you receive SSI or SSDI? Yes ☐ No ☐ If yes, provide a copy of the award letter

Total number of members in household: _____

What is your monthly income? _____

What is the total household monthly income? _____

IF NO INCOME – STATEMENT OF NEED CERTIFICATION

I, _____ certify that I DO NOT receive any income, including wages, disability benefits, or Social Security. The following is an explanation of my current circumstances and a description of my daily financial management:

By signing below, I confirm that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false, incomplete, or misleading information, or making fraudulent claims, constitutes a felony under Florida law.

X _____



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Part 3: Medical Verification

Section 3 must be completed by a qualified, licensed medical professional.

Person Completing Application: _____

Professional Title: _____ Affiliation: _____

Business Address: _____ Unit _____

City: _____ State _____ Zip Code _____

Business Phone: _____ Fax _____

FL Professional License / Certification # **(required)**: _____

1. What is the medical diagnosis that caused the disability or need for specialized transit?

2. Is the applicant's condition temporary? Yes ☐ No ☐

If yes, until when? _____

3. Does the applicant's disability require that they travel with an attendant?

Yes ☐ No ☐

4. Is there any other medical information RideOCT should know in the event of an emergency?



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Part 3: Medical Verification (continued)

Section 3 must be completed by a qualified, licensed medical professional.

5. Is the applicant able to:

A. Travel a distance of 200 feet without assistance?

Yes ☐ No ☐

B. Travel a distance of one block (¼ mile) without assistance, over different types of terrain?

Yes ☐ No ☐

C. Climb three 12-inch steps without assistance?

Yes ☐ No ☐

D. Wait outside without support for 15–30 minutes in all weather conditions?

Yes ☐ No ☐

E. Recall name, address, and phone number?

Yes ☐ No ☐

F. Recognize a destination or landmark?

Yes ☐ No ☐

G. Deal with unexpected situations/changes in routine?

Yes ☐ No ☐

H. Ask for, understand, and follow directions?

Yes ☐ No ☐

Explain in detail if any of the above are no or sometimes:



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Part 3: Medical Verification (continued)

Section 3 must be completed by a qualified, licensed medical professional.

6. Is the applicant able to:

A. Communicate verbally?

Yes ☐ No ☐

B. Communicate in writing?

Yes ☐ No ☐

C. Communicate over the phone?

Yes ☐ No ☐

Explain in detail if any of the above are no or sometimes:

Please describe any other functional limitation(s) affecting mobility, safety, or onboard experience not described above. Be specific.

I certify, under penalty of perjury under the laws of the State of Florida, that the information provided above for verification of eligibility is true and correct.

Signature of Qualified Licensed Professional: _____

Full Name: _____ Date: _____