OKALOOSA COUNTY TRANSIT

Transportation Disadvantaged Application

TRANSIT

Welcome to RideOCT!

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.

This application has 3 parts

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

How 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): _____

Emergency Contact Information

1: Full Name: _____ Relationship: _____

Phone Number: _____

2: Full Name: _____ Relationship: _____

Phone Number: _____

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Part 2: Income Verification

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, submit 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

Assistive Devices Used:

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

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

Other mobility device or accessibiliity 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*
- ☐ *Cognitive Disability*
- ☐ *Visual Impairment*
- ☐ *Hearing Impairment*

Other / Explain: _____

Is the disability described above temporary or permanent?

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

If temporary, expected duration / end date: _____

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Part 3: Medical Verification (continued)

This form must be completed by a qualified, licensed medical professional. Please print.

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 (e.g., intellectual disability, epilepsy)? _____

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?

_____

_____

Part 3: Medical Verification (continued)

5. Is the applicant able to:

A. Travel a distance of 200 feet without assistance? Yes ☐ No ☐
Explain (if no or sometimes) _____

B. Travel a distance of one block (¼ mile) without assistance, over different types of terrain? Yes ☐ No ☐
Explain (if no or sometimes) _____

C. Climb three 12-inch steps without assistance? Yes ☐ No ☐
Explain (if no or sometimes) _____

D. Wait outside without support for 15–30 minutes in all weather conditions? Yes ☐ No ☐
Explain (if no or sometimes) _____

6. Is the applicant able to:

A. Recall name, address, and phone number? Yes ☐ No ☐
Explain (if no or sometimes) _____

B. Recognize a destination or landmark? Yes ☐ No ☐
Explain (if no or sometimes) _____

C. Deal with unexpected situations/changes in routine? Yes ☐ No ☐
Explain (if no or sometimes) _____

D. Ask for, understand, and follow directions? Yes ☐ No ☐
Explain (if no or sometimes) _____

Part 3: Medical Verification (continued)

7. Is the applicant able to:

A. Communicate verbally? Yes ☐ No ☐
Explain (if no or sometimes) _____

B. Communicate in writing? Yes ☐ No ☐
Explain (if no or sometimes) _____

C. Communicate over the phone? Yes ☐ No ☐
Explain (if 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: _____