Jacksonville Transportation Authority
Nassau Transit Application

All questions must be completed to process this application.

Eligibility Requirements

- Are 60 years of age or older
- Must have no other means of transportation available or cannot purchase transportation.
- No other funding sources are available to provide them with transportation.
- Are eligible if they are: disabled, or their household income is less than 150% of the Federal Poverty Guidelines as established by the Department of Housing and Urban Development.

If above requirements are met, please continue with filling out the application and submitting it to Nassau Transit Eligibility Office.

Section 1 – General Information

Last Name: _____First Name: _____ M. I.: ___

Residential Address: _____Apt/Lot#_____

City: _____ State: _____ Zip: _____ County: _____

Is the provided address your mailing address? ☐Yes ☐No Email Address: _____

If not, please provide mailing address: _____

Daytime Phone Number: _____ Alternate Phone Number: _____

Date of Birth: _____ Gender: ☐Male ☐Female

Emergency Contact: _____ Relationship: _____ Telephone #: _____

Name of Facility, if applicable:_____

When you travel outside your home, please indicate which (if any) of the following mobility aids you use:

☐Power Wheelchair	☐Walker	☐White Cane	☐Service Animal
☐Wheelchair	☐Cane	☐Respirator	☐Scooter
☐Crutches	☐Stretcher	☐Lift	☐Other _____

Section 2 – Access to Transportation

1. If you need services for Medical or Life-Sustaining trips, we must have either of the following:
   ☐Disability Letter (Letter from Doctor stating your Disability)
   ☐Household Income (Full Bank Statement or Previous Year Tax Return with Name & Address)
   What is your total (monthly) household income? $_____
2. Is your need for transportation services: ☐ Temporary ☐ Permanent (Please indicate.)
3. Do you have a Driver's License? ☐Yes ☐No

If yes: License Number: _____ State: _____ Expires: _____

4. Do you or any member of your household own a vehicle? ☐Yes ☐No

List make, model and year for each: _____

5. Can you or a member of your household transport you to your appointments? ☐Yes ☐No

If not, why: _____

6. Please indicate the number of people residing in your household:

NAME	RELATIONSHIP	DOB	DRIVER LICENSE AND EXPIRATION DATE

7. Do you live in a facility that provides transportation? ☐Yes ☐No
If yes, can this facility provide you with transportation to your medical appointments? ☐Yes ☐No
If no, why not: _____
8. Are you currently receiving dialysis or oncology (cancer) treatments? ☐Yes ☐No
If yes, how many times per week? _____. Please provide the name of the facility: _____
9. Are you enrolled in a program that will pay for, or provide you with, transportation?
☐Yes ☐No If yes, please provide the name of the program. _____
10. Please list all facilities that you visit on a regular basis:

NAME AND ADDRESS OF FACILITY	TYPE OF VISIT	# OF MONTHLY VISITS	DESCRIBE HOW YOU PREVIOUSLY GOT THERE

11. Are there any other transportation needs of which we should be aware including culture competency?
_____

12. Please attach a copy of one of the following:
☐Birth Certificate ☐Florida State ID Card ☐Florida Driver's License
☐Other Government photo ID with date of birth

APPLICANT SIGNATURE

I acknowledge the purpose of this application is to determine my ability to use transit and paratransit services. I understand that the staff of the Jacksonville Transportation Authority (JTA) and JTA Connexion may need to discuss my application to obtain additional information. I have been truthful in answering all these questions and my information may be verified. I authorize the health care professional, including psychiatrists or psychologists, designated in this application to release and provide JTA and JTA Connexion, or its representatives, any additional information that may be required to complete or clarify this application. I agree that, when possible, I will travel to the nearest location that can serve my needs and understand that this will allow JTA to most efficiently serve the needs of the community.

I certify that, to the best of my knowledge, the information given is correct.

Please note that any person who knowingly makes a false or misleading statement in an application or certification under section 320.0848, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, F.S. The penalty is up to one year in jail or a fine of $1,000.

Applicant Signature:_____ Date:_____

If applicant signed their name above, but you helped this person to answer these questions, please sign and print your name below:

Signature: _____

Printed Name: _____

Relationship to Applicant: _____

Phone Number: _____

Please return completed application and applicable documentation to:

Connexion Eligibility Center
100 N Myrtle Ave Building 2 Jacksonville, FL 32204
Phone: 904-265-6001 Fax: 904-265-8919 Email: eligibility@jtafla.com