CitrusConnection
PROGRESS IN MOTION

BOARD OF DIRECTORS
POLK CO. COMMISSIONERS: Martha Santiago and George Lindsey
CITY OF LAKELAND COMMISSIONERS: Bill Mutz, Sara McCarley and Sam Simmons
GENERAL MANAGER: Tom Phillips

1212 GEORGE JENKINS BLVD., LAKELAND, FL 33815 | 855-POLKBUS (765-5287) | WWW.RIDECITRUS.COM

Dear Customer:

Thank you for contacting Citrus Connection regarding transportation services.

CTD Program (Community Transportation Disadvantage Program) provides Transportation to the nearest facility for:

- Medical/Medical related services (nearest location)
- Medical request over 20 miles requires a referral.
- Grocery store (nearest location)
- Pharmacy (nearest location)
- Education (20 miles or less)
- Employment (20 miles or less)
- Social Services (20 miles or less) – Maximum two round trips per month.
- Recreation (20 miles or less) – Maximum one round trip per month.

With three to fourteen-day notice in advance (**does not include Saturday, Sunday or holidays**).

See below the CTD Application process:

- Application reviewed
- Address evaluation, if needed
- Financial assessment to determine co-pay **(please send copies of documentation)**

For submission details and assistance, contact:

Intake Specialist
Regional Mobility Call Center (RMCC)
(863)534-5500, Option 3
Monday through Friday 8:00 AM – 5:00 PM

Sincerely,

Intake Specialist

CTD Non-Emergency Transportation (Net) Program Eligibility Checklist

The information on this checklist is required to determine your eligibility for reduced cost transportation services.

Please return the documentation listed below to your Intake Specialist by mail or fax:
Citrus Connection
1120 George Jenkins Blvd
Lakeland, FL 33815

If you have any questions regarding this checklist, please call our office (863)534-5500 Option 3 for Intake; Monday through Friday, 8:00 a.m. to 5:00 p.m.

1. **Polk Residency**
   - Please send copy of your Valid Driver's License or State Identification,
   - Deed or Lease agreement at service address
   - Utilities service address
   - Letter from landlord if renting room.
   - Letter from a family member for Temporary residents residing in Polk for 6 months or more

2. **Rent/Mortgage expense** (Please submit **ONE current** copy of the following items):
   - Rent receipt
   - Statement from landlord
   - Statement from an individual with whom you live
   - Mortgage documentation
   - Referral letter from Talbot House/Homeless Coalition

3. **Household** (Please submit **ALL current copies** of the following items that apply to your household):
   - Social Security Award letter
   - Pay stubs or wage statement from employer for 4 weeks
   - Unemployment Compensation documentation
   - Self-employment quarterly tax statement
   - Medicaid Card/Medicare Card
   - Medically Needy Share of Cost documentation
   - Food Stamps award amount letter
   - Any other income not listed

4. **Expenses** (Please submit **ALL current copies** of the following items that apply to your household):
   - Housing expenses (Rent, Mortgage, Utilities, etc.)
   - Car payment documentation
   - Any other important documentation not listed such as insurance premium payments, etc.
   - Estimated monthly grocery expense (please notate estimate on one of your expense copies)
   - We are unable to accept documentation for Consumer Debts as a household expense.

PLEASE SEND COPIES OF CURRENT/MOST RECENT DOCUMENTS

Community Transportation Disadvantage Program Application	For Office use only:
Return Completed Form to: Citrus Connection 1120 George Jenkins Blvd., Lakeland, FL 33815 Attention: PT Connect Fax Number: (863)327-1366, or **Email: AllRMCC_Employees@ridecitrus.com**	Eligibility criteria: _____ Application Process Date: _____ Address verification Date: _____ Results Letter sent: _____ Financial and Eligibility Documents Received Dates: _____ Denial Date: _____ Denial Reason: _____ _____ Staff Signature: _____

Personal Information

First Name: _____ - M. I: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Provide Mailing Address if different from above:

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____ D.O.B.: _____ Sex: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail: _____

Preferred contact method: Phone ☐ Text Message ☐ E-mail ☐

Emergency contact Name /Phone Number / relationship: _____

_____

Number of household members: _____ Client Mobility: Ambulatory ☐ Wheelchair ☐

Do you require a PCA (Personal Care Attendant)? _____

If yes to PCA, explain why? _____

_____

Service Animal? _____

Are you a Veteran of the US Armed Forces entitled to Veteran benefits? Yes ☐ No ☐

Insurance Coverage: ☐ Polk Health Plan: ☐ Other: ☐

What company provides your insurance? _____

Name, address and phone number for your Primary Care: _____

_____

When was your last visit? _____

Do you see any specialist? Yes ☐ No ☐

Name, address and phone number for your specialist:

1. _____

2. _____

3. _____

How often do you see the specialist? _____

Where do you need transportation to?

Grocery store ☐ Pharmacy ☐ Doctor ☐

Education ☐ Employment ☐

If you selected Education, please provide name of the Institution and address: _____

_____

If you selected Employment, please provide name of the business and address: _____

_____

Transportation Availability

Do you or anyone in your household own a car? Yes ☐ No ☐

If yes, can this car be used for your transportation needs? Yes ☐ No ☐

If not, please explain why? _____

What transportation do you currently use? _____

Do you live within ¾ mile of a fixed bus route? Yes ☐ No ☐

Can you use the fixed route bus for your transportation needs? Yes ☐ No ☐

If not, please explain why? _____

I understand and affirm that the information provided in this application for CTD (NET) 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. I understand that providing false or misleading information, or making fraudulent claims, or making false statements on behalf of others constitutes a felony under the laws of the State of Florida. I understand that incomplete forms will be returned, and eligibility will not be determined until all information is provided.

Applicant's Signature: _____ **Date:** _____

Another person as his/ her personal representative (parent, guardian, family member, etc.)

Representative's name: _____

Relationship: _____**Signature** _____ **Date:** _____

HIPAA Medical Release Form

I understand that the purpose of this application is to determine my eligibility for Paratransit service. I understand that information about my disability will be kept confidential and Citrus Connection will only share my health information in a manner that is required to document my abilities or disabilities, and only with health professionals contributing to the evaluation or certification process as necessary to determine my eligibility for door-to-door transportation services. I authorize my medical representatives to release and share any and all medical information in this manner with Citrus Connection. I understand that providing false or misleading information could result in my eligibility status being revoked. Failure to complete this application may result in incomplete client eligibility to ride the PT Connect *(HIPPA, Health Insurance Portability and Accountability, Act of 1996)*.

First Name: _____ M. I: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail: _____

Request information to be released from: _____

Provide name of doctor, hospital, clinic or living facility:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Applicant's Signature: _____ **Date:** _____

Another person as his/ her personal representative (parent, guardian, family member, etc.)

Representative's name: _____

Relationship: _____ **Signature** _____ **Date:** _____