

VOTRAN GOLD SERVICE PARATRANSIT SHARED-RIDE APPLICATION			
	ADA	UTD	RURAL

Paratransit Shared-Ride Service or Gold Service is only available for individuals with a disability who cannot use the Votran fixed route bus service or are unable to obtain or make arrangements for transportation through their own efforts or those of their friends, family or volunteers. The information requested on this application is intended to help Votran determine when and under what circumstances the applicant can use the Votran regular fixed route service and when the customer will need to utilize Gold Service.

INSTRUCTIONS FOR COMPLETING THE GOLD SERVICE APPLICATION

The applicant or applicant’s assistant must complete the application in full. **A licensed professional must complete Section 8.**

The certification process may involve a telephone interview or a personal functional assessment to determine the applicant’s needs. Votran will pay for the functional assessment as well as provide transportation to and from the assessment appointment, if necessary. All questions must be answered on the application. **Incomplete applications will be returned to the applicant and may result in delays in the certification process.** If you have any questions or need assistance completing the application, please contact Votran’s customer service department at **386-756-7496 Ext.4104 or 4130.**

Please be advised that processing of the application can take up to 21 days. Votran makes every effort expedite the process.

RETURNING THE APPLICATION

When the application has been completed in full, please return the application to:

VOTRAN – Gold Service Application
 950 Big Tree Road
 South Daytona, FL 32119

VOTRAN use only				
New Application:			Re-Certification:	
Date Received:	Approved:		Date:	
Reviewed By:	Denied:		Date:	
Bill Code:	Third Part Review:		Date:	
PCA Needed:	YES	NO	Fixed Route Referral: Y or N	Date:

DO NOT REMOVE THIS PAGE

SECTION 1. GENERAL INFORMATION

PLEASE PRINT

Social Security Number: _ _ - _ - _ _ _

Last Name: _____ First Name: _____

Male: _____ Female: _____

Street Address: _____ Apt. # _____

Name of Nursing Home or Apartment/Condominium: _____

City: _____ State: _____ Zip Code: _____

Mailing Address if different from above: _____

Telephone Number: _____ Date of Birth: _____

Do you live in a nursing home, ACLF or group home: _____ Yes _____ No

If yes, does this facility have a vehicle to transport residents? _____ Yes _____ No

Have you ever been transported by the facility? _____ Yes _____ No

If someone helped you complete this application, please identify them:

Name: _____ Phone Number: _____

Relationship: _____

Can they assist with your travel arrangements in the future? _____ Yes _____ No

Please provide Emergency Contact Information:

Name: _____ Phone Number: _____

Relationship: _____

Do you require materials or correspondence in an alternative format? _____ Yes _____ No

If so please list acceptable formats: _____

SECTION 2. ABILITY TO USE VOTRAN FIXED ROUTE SERVICE

Please indicate below the reasons why you are seeking Gold Service eligibility:

Check all that apply-

I can use Votran fixed route service to some places, but for other trips I cannot get to and from the bus stops.

I do not know how to use Votran fixed route service, but could use it if I received training.

Because of my disability, I can never use Votran fixed route service. State reason:

Other reasons: _____

SECTION 3. CURRENT TRAVEL INFORMATION

How do currently travel to appointments or to other activities such as shopping?

How many personal vehicles are owned or used by members in your household?

0 1 2 More

Are these available for use? If not, please state why.

SECTION 4. INFORMATION ABOUT APPLICANTS CIRCUMSTANCES

What prevents you from using Votran fixed route service? Check all that apply:

- Physical Disability
- Visual Disability
- Hearing Impairment
- Mental Disability
- Other, please explain in detail: _____

Is the circumstance listed or described above temporary or permanent?

- Temporary. It is expected to last for _____ months.
- Permanent
- Unknown period of time.

Please mark the appropriate mobility aid(s) or equipment the you use to assist you when you travel.

- Powered Scooter/Wheelchair
- Walker
- Standard Manual Wheelchair
- Powered or Tank Oxygen
- Cane/Walker
- Service Animal
- Other (Describe) _____

Do you require the assistance of a Personal Care Attendant or escort? Yes No
(Someone who must assist you with daily functions)

SECTION 5. HISTORY OF USING VOTRAN FIXED ROUTE BUSES

Have you ever used Votran’s fixed route bus service?

- Yes, I typically use the regular fixed route service _____ times a week.
- Yes, I used to but stopped, because _____
- No

NOTE: All Votran buses are wheelchair accessible. Therefore, the use of a wheelchair does not automatically justify use of paratransit service.

SECTION 6. COMMON DESTINATIONS

List the doctors, medical facilities or other locations you visit on a regular basis. How do you currently get to those locations?

Doctors	Address	Phone Number

Other Non-medical Destinations

Location	Address

SECTION 7. APPLICATION CERTIFICATION

I understand that the information contain in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility for Gold Service. I certify the information in this application is true and correct. I understand that providing false or misleading information, or making false statements on the behalf of others constitutes fraud and is considered a felony under the laws of the state of Florida. I authorize the professional(s) listed to release information to Votran about my disability and it effects on my ability to travel on the Votran fixed route service. I understand that I may revoke this authorization at any time by written notice to Votran.

THIS APPLICATION MUST BE SIGNED.

Signature of applicant: _____ Date: _____

SECTION 8. PROFESSIONAL VERIFICATION

Applicant's Name: _____

MUST BE COMPLETED BY A LICENSED PROFESSIONAL

The applicant who asked you to review and sign this application is applying to Votran to be considered eligible for the Votran Paratransit Shared Ride Service or Gold Service. Votran Gold Service is intended only for those trips the applicant cannot make on Votran's fixed route service. This application is used to determine when and under what circumstances the applicant can use Votran fixed route service and they require Votran Gold Service.

This applicant has been diagnosed with the following disability:

Cognitive Mental/Emotional Physical Other

If other please explain: _____

The applicant's disability is:

Permanent Temporary – Until when? _____

NOTE: All Votran buses are wheelchair accessible. Therefore, the used of a wheelchair does not automatically justify use of paratransit services such as Votran Gold Service.

Please describe all conditions(physical, cognitive, mental other) which functionally prevent the applicant from using the Votran fixed route service:

Will this person be able to use Votran fixed route service if travel training is provided?

Yes No

How far can the applicant walk unassisted? _____

How long can the applicant stand unassisted? _____

How long can the applicant stand unassisted? _____

Does the applicant require the assistance of a personal care attendant (PCA) when travel on public transit? Yes No

Signature: _____ **Date:** _____

Print Name: _____

State of Florida License Number: _____

Business Mailing Address _____

City: _____ **State:** _____ **Zip Code:** _____

Thank you for your assistance. For more information or questions please contact

Votran Customer Service Department at Phone: 386-756-7496 ext.204 – Fax: 386-322-5119