

TRANSPORTATION DISADVANTAGED (TD) – FIXED ROUTE BUS PASS PROGRAM APPLICATION INSTRUCTIONS

Thank You for Your Interest in the Lee County Transit - LeeTran Transportation Disadvantaged (TD) Bus Program - The Florida Commission for Transportation Disadvantaged (TD) program is one of the transportation services provided by LeeTran. This program offers assistance to eligible Lee County residents who are unable to use LeeTran’s fixed-route bus service due to low income.

Bus Pass Program:

Eligible recipients receive a 31-day LeeTran fixed-route bus pass at no charge. Bus passes can be picked up at the Rosa Parks Transfer Center, located at 2250 Widman Way, Fort Myers, FL 33901.

Eligibility Requirements:

To qualify for TD services, applicants must meet current Federal Poverty Guidelines, based on household size, at or below 200% of the poverty level. Eligibility for the TD Bus Pass program **must be renewed annually** to maintain active status.

Persons in family household	200% of 2025 Federal Poverty Guidelines
1	\$31,300.00
2	\$42,300.00
3	\$53,300.00
4	\$64,300.00

For households with more than five members, please refer to the U.S. Department of Housing and Urban Development (HUD) website for updated guidelines.

Submit a Complete Application: The Transportation Disadvantaged (TD) program is a “last resort” program designed for individuals who need transportation assistance and have no other available resources. To determine eligibility, we are required to verify your income.

Please ensure that your application is complete, as blanks or missing information may delay the eligibility determination process. A completed TD application must include all requested details, along with a valid form of identification and the necessary financial supporting documents. **Note: Self-declaration of income will not be accepted.**

Acceptable forms of proof of income include:

Current tax return	Unemployment compensation income verification
Child support letter	Social security income letter (SSA, SSI, SSDI)
Minimum of two (2) employer pay stubs from past two months	Retirement/ Pension/ Investment statement (includes VA)
Agency letter identifying applicant as low income or no income (must be on agency letterhead)	Temporary Assistance for Needy Families (TANF) letter, Supplemental Nutrition Assistance Program (SNAP) letter, or Department of Children & Families (DCF) benefits letter

If you have any questions regarding this process, please contact Virginia Walters, ADA/Customer Service Supervisor, at (239) 533-0353.

- Forms can be submitted by fax, mail, or in person to the address provided below:**

LeeTran TD Bus Program
3401 Metro Parkway
Fort Myers, FL 33901
Phone: (239) 533-0300
Fax: (239) 432-2035

Accessible formats are available upon request.



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All items must be completed and TYPED or PRINTED legibly, or form will not be processed.

SECTION I – GENERAL INFORMATION		
Last Name:	First Name:	M.I.
Mailing Address:		Phone Number:
Is a vehicle registered in your name? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you drive? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of Birth:	Social Security Number:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you receiving Medicaid? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, Medicaid Number:		
Emergency Contact:		Phone number:
SECTION II – NEED DETERMINATION		
Number of relatives, including self, living in household:	Does any relative own a car? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Household Member Name:	Age:	Does this person own a car? Yes <input type="checkbox"/> No <input type="checkbox"/>
Household Member Name:	Age:	Does this person own a car? Yes <input type="checkbox"/> No <input type="checkbox"/>
Household Member Name:	Age:	Does this person own a car? Yes <input type="checkbox"/> No <input type="checkbox"/>
Household Member Name:	Age:	Does this person own a car? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any family or friends who live in the County you reside in? Yes <input type="checkbox"/> No <input type="checkbox"/>	Would this person(s) take you to the doctor if you asked them? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you know someone who would transport you if you paid for the gas? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever taken the LeeTran bus to the doctor or to other places? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can you travel on a LeeTran bus? Yes <input type="checkbox"/> No <input type="checkbox"/>	Would you use the LeeTran bus if you could ride for free? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can you walk without help to the distances below? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Across a room <input type="checkbox"/> One block <input type="checkbox"/> Two blocks <input type="checkbox"/> Three blocks <input type="checkbox"/> One mile <input type="checkbox"/>		
SECTION III – SIGNATURE, PREPARER, AND WITNESS		
I affirm that the information provided in this application for services is true and correct and understand that making false statements, having others make false statements, or making false statements on behalf of others constitutes fraud and is considered <u>a felony under the laws of the State of Florida.</u>		
Transportation Disadvantaged Recipient's		
Signature: _____	Date: _____	
Preparer's Signature: _____	Date: _____	