

## 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 programs provided by LeeTran. The TD bus pass program is for eligible Lee County residents who are unable to use LeeTran’s fixed-route bus service as a result of having low income.

**Bus Pass Program:** A 31-day LeeTran fixed-route bus pass is provided to Lee County residents at no charge. Eligible recipients receive bus passes at the Rosa Parks Transfer Center, 2250 Widman Way, Fort Myers, FL 33901.

**Eligibility:** TD services require the applicant to qualify under current Federal Poverty Guidelines, depending on the number of family members in the household, at the 200% poverty level. **Applicants must re-certify for the program every two (2) years.**

Persons in family household	200% of 2024 Federal Poverty Guidelines
1	\$30,120.00
2	\$40,880.00
3	\$51,640.00
4	\$62,400.00

For households of more than 4 members log onto the U.S. Department of Housing and Urban Development (HUD) website at [Poverty%20Guidelines-2024.pdf](#)

**Submit a Complete Application:** The TD program is a “last resort” program for individuals in need of transportation and do not have access to any other transportation resource. We are required to make every effort to verify your income to determine eligibility. Blanks on your application are considered incomplete and may affect the timeliness of eligibility determination. Completed TD applications must contain all requested information. You are required to submit identification and applicable financial supporting documents when submitted. **Self-declaration of income is not 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.

**Fax, mail, or submit the completed forms to:**  
 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.



## TRANSPORTATION DISADVANTAGED – FIXED ROUTE BUS PASS PROGRAM APPLICATION

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:		
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 <b><u>a felony under the laws of the State of Florida.</u></b>		
Transportation Disadvantaged Recipient's		
Signature: _____	Date: _____	
Preparer's Signature: _____	Date: _____	