HENDRY GLADES TRANSPORTATION SYSTEM

Rider Registration

Stream, the Hendry Glades Transportation System, provides door-to-door and fixed-route transportation needed to live a healthy life - medical appointments, employment, education, shopping, social activities, and other life-sustaining services in Hendry and Glades Counties. The service is funded by the Transportation Disadvantaged Trust Fund, rural public transportation grants, and local funds.

This is a shared-ride service which is a door-to-door service. Reservations are required to ensure routes are developed in a cost-efficient manner. Transportation Disadvantaged services should be utilized as a last resort.

To access the door-to-door transportation services, please complete the following registration form. Incomplete forms will be returned; failure to complete forms will delay your eligibility process. If you have any questions or need help completing this form, please call (877) 935-4487 or visit us at the LaBelle United Way House (133 North Bridge Street, LaBelle FL 33935).

WHEN COMPLETED, PLEASE RETURN RIDER REGISTRATION TO:		
By Mail: Hendry Glades Transportation System 133 North Bridge Street LaBelle, FL 33935	**By E-Mail:** HGTS@hendryfla.net	**Drop off:** LaBelle United Way House 133 North Bridge Street LaBelle FL 33935
Please allow five business days for processing registration. If by five business days following the submission of a complete registration form, Stream has not made a determination of eligibility, the rider shall be treated as eligible and provided service until a determination is made.		

HOW TO SCHEDULE A TRIP AFTER YOU HAVE REGISTERED:
1) **Make a reservation.** Once the application is approved, reservations can be made by phone Monday-Friday from 8:00 am until 5:00 pm. Trips must be scheduled at least two (2) days in advance. Trips may be scheduled up to fourteen (14) days in advance.
2) **Confirm pick-up time.** You will be called the night before to confirm the pick-up time.
3) **Be ready to go**. Due to multiple pick-ups scheduled during the day, the driver can only wait five (5) minutes for a passenger to board. The driver may assist you to the vehicle if need, however they are not permitted to enter your residence.
4) **Pay the Fare**. $2 each way.

HENDRY GLADES TRANSPORTATION SYSTEM

Rider Registration

SECTION 1: GENERAL INFORMATION

PLEASE PRINT CLEARLY OR TYPE

First and Last Name:		**Date:**
Street Address:		
City:	**State:**	**Zip Code:**
Mailing Address (if different from above):		
City:	**State:**	**Zip Code:**
Date of Birth:	**Telephone Number:**	
E-Mail Address:		

Primary Language: ☐ English ☐ Spanish ☐ Other:

Emergency Contact

Name:_____ Phone:_____

Relationship to Applicant: _____

I understand that the information about my disability and income contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this registration form is true and correct. I understand that providing false and misleading information could result in my eligibility status being reexamined as well as other actions by Hendry Glades Transportation System.

_____ _____

(Rider's Signature) **(Date)**

HENDRY GLADES TRANSPORTATION SYSTEM OFFICE USE ONLY

Date Received:	☐ New Registration		☐ Renewal
Reviewed by HGTS Staff:	☐ Approved		☐ Denied
Reviewed by Hendry County Staff:	☐ Approved		☐ Denied
Reason for Denial:			
Approved for TD Services:	☐ Age	☐ Disability	☐ Income
Approved for other funding sources:		☐ Section 5310	☐ Section 5311

SECTION 2: RIDER'S MOBILITY

☐ I **do not use mobility** aids or equipment listed below and can climb three 12-inch steps without assistance (Skip to Section 3)

1. Please indicate if you use any of the mobility aids or equipment listed below.

☐ Cane ☐ Walker ☐ Manual Wheelchair ☐ Power Wheelchair ☐ Power Scooter/Cart
☐ Oxygen CO2 ☐ Other:_____ ☐ I do not use aids or equipment.

2. If you use a mobility device, please indicate below the size and weight:

Wheelchair/scooter/cart more than 48" long? ☐ YES ☐ NO
Wheelchair/scooter/cart more than 30" wide? ☐ YES ☐ NO
Is your weight plus the weight of your mobility device more than 600 pounds? ☐ YES ☐ NO

PLEASE NOTE: *Hendry Glades Transportation System may not be able to accommodate you if your wheelchair, scooter, or mobility devices is longer than 48 inches or wider than 30 inches or if your total weight with your mobility device is more than 600 pounds.*

3. Can you get on and off a bus that has a lift?

☐ YES
☐ I don't know because I have never tried
☐ SOMETIMES or NO
- ☐ My mobility aid will not fit on the lift
- ☐ I cannot steady myself when the lift is moving
- ☐ I do not feel secure on the lift
- ☐ Other, Please Explain: _____

4. Once inside a bus, can you transfer safely to a seat and back to a wheelchair by yourself?

☐ YES
☐ SOMETIMES or NO
- ☐ I need someone to help me
- ☐ I have trouble finding a seat
- ☐ I have a balance problem
- ☐ I cannot hold onto the handrails
- ☐ I need the seat nearest the door
- ☐ Other, Please Explain: _____

5. If you use a mobility aid, is your residence accessible (entrance, ramp, paved walkway, etc.)?

☐ YES
☐ NO → List the barriers: _____
☐ N/A

6. Can you climb three 12-inch steps without assistance? ☐ YES ☐ NO

7. Can you operate a wheelchair up a ramp without assistance? ☐ YES ☐ NO ☐ N/A

SECTION 3: TRANSPORTATION DISADVANTAGED (TD) ELIGIBLITY

Hendry County is the designated Community Transportation Coordinator (CTC) for Hendry and Glades Counties and is responsible for coordinating transportation services to individuals who are transportation disadvantaged as defined in s. 411.202 per F.S. 427.

Please read the TD program qualifications and guidelines below. If you have any questions or need assistance, please call 877-935-4487. If you are denied TD eligibility and wish to appeal the decision, you may contact our office. The Transportation Disadvantaged Ombudsman helpline is: 1-(800)-983-2435.

You may qualify for the Transportation Disadvantaged program if you are unable to provide your own transportation and one of the following statements applies to you:

- ☐ I am age 18 or younger or age 55 or older
- ☐ I have a disability (temporary or permanent) verified by a medical professional that would prohibit the rider from utilizing a fixed route service
- ☐ My gross annual household income does not exceed 200% of the Department of Health and Human Services poverty guidelines (Table I, page 7).

If you checked yes to one of the boxes above, you may enroll in the Transportation Disadvantaged program by providing the documentation requested in this section. Riders who do not meet the eligibility for the Transportation Disadvantaged program or do not provide documentation may still be able to use the Hendry Glades Transportation System, however there may be limited availability based on funding.

CURRENT TRAVEL INFORMATION

1. Please list your most frequent destinations and how you get there now.

Destination: _____

How do you get there now? ☐ Car ☐ Bus ☐ Van/Taxi ☐ Other _____

Destination: _____

How do you get there now? ☐ Car ☐ Bus ☐ Van/Taxi ☐ Other _____

2. What other means of transportation are available for you to use? _____

3. Do you have a valid driver's license? ☐ YES ☐ NO

4. Do you have access to a vehicle? ☐ YES ☐ NO

If YES, why are you unable to use the vehicle? _____

ELIGIBILITY CRITERIA (*Select One*)

☐ I am under the age of 18, or 55 or older, and registering for the Transportation Disadvantaged (TD) program based on age.

Required Documentation:

- ☐ Attach a copy of any identification with date of birth (i.e., Birth Certificate, Driver's License, Identification Card, etc.).

☐ I have a disability that would limit me from utilizing a fixed route service and registering for the Transportation Disadvantaged (TD) program based on my disability status.

Required Documentation:

- ☐ Form A: Disability Status Form
- ☐ One of the following:
  - Form B: Professional Verification Form
  - Social Security Income Verification Letter (includes SSI and SSDI)

☐ My gross annual household income does not exceed 200% of the federal poverty guidelines and I am registering for the Transportation Disadvantaged (TD) program based on income.

Required Documentation:

- ☐ Form C: Household Income Form
- ☐ One of the following (Please send copies as proof of income will not be returned):
  - First page of your tax return with respective Social Security number removed
  - Unemployment Compensation Income Verification
  - DCF Benefit Letter
  - Social Security Income Verification or Proof of Income Letter (SSI and/or SSDI)
  - Two most recent pay stubs
  - Retirement/Pension Statement (includes VA)
  - If no one in your household has income, you must attach proof of Food Stamp eligibility or a signed letter on agency letterhead verifying that you have no income.

FORM A | DISABILITY STATUS FORM

1. What type or types of disabilities do you have?

☐ Physical Disability ☐ Visual Impairment/Blindness ☐ Developmental Disability
☐ Mental Illness ☐ Other ☐ None

Please describe your disability in more detail: _____

_____

2. Is the disability temporary or permanent?

☐ TEMPORARY DISABILITY. I expect it to last for another_____months.
☐ PERMANENT DISABILITY.
☐ I don't know.

3. Do you use a service animal? If yes, please describe the type of animal.

☐ YES → Type of animal: _____
☐ NO

4. Do you travel with a Personal Care Attendant (PCA) who assists you with daily life functions? (Someone you need all or sometimes to assist you. A companion or guest is not considered a PCA).

☐ YES, always
- ☐ I need assistance with mobility
- ☐ I need assistance with reading

☐ YES, sometimes
- ☐ I need assistance with mobility
- ☐ I need assistance with reading

☐ No

FORM B | PROFESSIONAL VERIFICATION OF DISABILITY STATUS

NOTE: This part must be completed by one of the following currently licensed professionals before returning the registration to our office: Physician (M.D. or D.O. or D.C.), Audiologist, Psychologist, Ophthalmologist, Registered Nurse, Clinical Social Worker, Independent Living Specialist, Occupational Therapist, Psychiatrist, Physical Therapist, or Rehabilitation Specialist.

RIDER'S AUTHORIZATION

I hereby authorize the following named professional to provide information about my disability and abilities to travel to Hendry Glades Transportation System and/or persons assisting Hendry Glades Transportation System to determine my eligibility for the Transportation Disadvantaged Program. I understand that this information will be used solely for the purpose of determining my eligibility for Transportation Disadvantaged services and that all medical information about my disability will be kept confidential.

Rider's Signature: _____ Date: _____

Dear Medical Professional,

In order to process this rider's request for Hendry Glades Transportation System Transportation Disadvantaged Program eligibility, we require this form to be completed.

Please review the information provided by the rider in Parts 1 - 3 of this application and answer the following questions. (For Licensed Professional Only) Thank you in advance.

1. Has the rider been diagnosed with a cognitive, mental, physical or other disability that would limit the rider from utilizing the fixed route services? ***Please list disabilities.***

_____

_____

2. The rider's disability is

☐ PERMANENT
☐ TEMPORARY - Expected duration? Years_____Months _____

3. Does the rider require the assistance of a Personal Care Attendant (PCA) or Escort when traveling on a public vehicle?

☐ YES ☐ NO

MEDICAL PROFESSIONAL COMPLETING FORM

Professional's Signature:_____Date:_____

Print or Type Name and Title: _____

State of Florida or Other State if applicable ( )License No.:_____

Business Address:_____Phone No.: _____

City:_____State: _____

For additional information please call Hendry Glades Transportation System at 877-935-4487

FORM C | HOUSEHOLD INCOME

1. **How many people total reside at the address provided in Section 1?** _____
2. **Including all wages, disability payments, Social Security payments, pensions, dividends, investments, etc., what is your total gross annual household income?** Attach proof of income for you and all members of your household to this completed application. **Please provide copies as proof, they will not be returned.**

   Acceptable forms of proof of income include current copies of: the first page of your tax return, Unemployment Compensation Income Verification, DCF Benefit Letter, Social Security Income Verification or Proof of Income Letter (includes SSI and SSDI), minimum of (2) most recent pay stubs, Retirement/Pension Statement (includes VA) and Food Stamp eligibility.

   Documentation Attached:
   - ☐ Unemployment Compensation Income Verification
   - ☐ Social Security Income (SSI) ☐ Social Security Disability Income (SSDI)
   - ☐ Two most recent pay stubs ☐ Retirement/Pension
   - ☐ Other: _____

3. **Is your total gross annual household income at or below the 200% of the Federal Health and Human Services Guidelines for low household income? (See Table I, below)**
   ☐ YES ☐ NO

Table I: 200% of the Department of Health and Human Services 2024 Federal Poverty Guidelines
The following totals represent 200% of the Federal Health and Human Services Guidelines for low household income. To register for the TD transportation program, household income may not exceed these guidelines.

	Family Size	200%	
2025 Federal Poverty Guidelines	1	$31,300	**Add $11,000 for each person over 8**
	2	$42,300	
	3	$53,300	
	4	$64,300	
	5	$75,300	
	6	$86,300	
	7	$97,300	
	8	$108,300	