PASCO COUNTY PUBLIC TRANSPORTATION (PCPT)

MEDICAID BUS PASS APPLICATION

8620 Galen Wilson Boulevard
Port Richey, Florida 34668

Medicaid bus passes are issued to Medicaid eligible recipients who have no other means of transportations to and from necessary medical appointments. The doctors **MUST** be Medicaid providers and provide Medicaid compensable services.

You'll also enjoy more flexibility in making medical appointments and more mobility in your everyday life as the pass allows you trips on PCPT Transit System.

Your monthly bus passes will be forwarded to you via mail. Please fill out this form in its entirely, otherwise we cannot process the bus pass application.

Mr./ Mrs./ Ms. First Name Middle Initial Last Name Social Security #

_____

Street Address Apt #

_____

City State County Zip

_____

Name of Condo/Apartment, Sub-Division or Mobile Home Park

_____

Closest Major Intersection

_____

Telephone (home) (work) Date of Birth Sex (M) (F)

_____

*The information below is optional and is used for statistical reporting purposes only. It is not used to determine eligibility for service.

_____

*Race/Ethnicity: American Indian_____ Asian or Pacific Indian_____ Black, Not Hispanic Origin_____ Hispanic_____ White, Not Hispanic Origin_____

_____

*Household Yearly Income * Source of Income *Number in Household

_____

*Marital Status Medicaid # (10 digits) Medicaid Gold Card # (8 digits)

_____

Other Household Members Name Relationship Age Driv. Lic.(Y/N) Type of Vehicle
(Please list each member)

_____

_____

_____

Do you own a vehicle? Yes____ No ____ Do you have a Driver's License? Yes ____ No____
Type of vehicle (car/van, etc) _____ Does any member of your household own a vehicle? Yes____ No ____
Do you have friends or family members in the County who can transport you? Yes____ No____ If not, why?

_____

Please list all Hospitals, Doctors and Medical Facilities that you visit on a regular basis:

NAME OF DOCTOR OR FACILITY	**ADDRESS**	**TYPE OF TREATMENT**	**# OF VISITS PER MONTH**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: If someone other than the applicant has completed this form please provide the appropriate information in the space below.

_____

Name Relationship to Applicant

_____

Address City State Zip

_____

Daytime Telephone

_____

This information is available in an accessible format upon request. To request these formats, please contact PCPT.

I understand and affirm that the information provided in this application is truthful and accurate to the best of my knowledge. 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 agree to notify the *PCPT* office of any changes in my status immediately and understand that this may affect my eligibility to use these services.

Applicant's Signature _____ Date _____

PASCO COUNTY, FLORIDA

"Bringing Opportunities Home"

Pasco County Public Transportation (PCPT)
8620 Galen Wilson Boulevard
Port Richey, Florida 34668

West	(727) 834-3322
Central	(813) 235-6073
East	(352) 521-4587
FAX:	(727) 859-0589
TTY Access	7-1-1

Collection of Social Security Numbers Notice
(Program Participants)

Florida Statute 119.071 (5) and Title 42 Code of Federal Regulations, Section 435.910, require any agency that collects Social Security numbers to provide a written explanation to the individual of the reason for its collection.

Why is Pasco County Public Transportation collecting your Social Security number?

Pasco County Public Transportation is collecting your Social Security number as part of its responsibility to determine transportation eligibility. We do this to assess transportation services that are funded by the state or federal government for which you may qualify.

The provision of your Social Security number is voluntary, and your information will remain confidential and protected under penalty of law. We will not use or give out your Social Security number for any other reason, including referrals to other agencies, unless you have signed a separate form consenting to the release of information to another agency.

Your signature below is required to acknowledge you have been given this notice and understand the reason why Pasco County Public Transportation collects your Social Security number.

_____ _____

Signature Date