



TRANSPORTATION DISADVANTAGED (TD) BUS PASS PROGRAM

Dear Pasco County Public Transportation (GoPasco) Applicant:

Thank you for interest in the Bus Pass Program. GoPasco provides this program as part of The Florida Commission for Transportation Disadvantaged (TD) program. The TD Bus Pass Program is for individuals prohibited from using GoPasco's fixed route bus service due to financial limitations.

Bus Pass Program – A monthly GoPasco fixed-route bus pass is provided at no charge to qualifying individuals who are financially prohibited from using the fixed-route system. Eligible recipients receive bus passes via U.S. Mail. TD bus passes cannot be picked up at County facilities.

Eligibility – TD services require each applicant to qualify under current Federal Poverty Level Guidelines, depending on the number of family members in the household, at the 125 percent level. GoPasco determines this via the documents outlined in section 1.

Please complete Sections 1 and 2. Completed TD applications **must** contain all requested information, be legible, and have **all** required identification and applicable financial supporting documents when submitted. If you do not provide all the requested information, GoPasco cannot process your application until all information is provided. This will delay your entry into the program.

Please **mail** the completed application to:

GoPasco
8620 Galen Wilson Boulevard
Port Richey, FL 34668

Please note: Applications cannot be submitted via fax or e-mail.

NOTICE OF COLLECTING SOCIAL SECURITY NUMBER (SSN) FOR GOVERNMENT PURPOSE
Pasco County collects SSNs for different purposes. The Florida Public Records Law, Section 119.071 (5), F.S. (2007) requires the County to give you this written statement explaining the purpose and authority for collecting your SSN.

FORM	PURPOSE	AUTHORIZATION
TD Application	Conduct eligibility verification and monitor for system abuse	County Policy (see note)

Note: Pasco County collects your SSN in the performance of a duty or responsibility the County must complete in accordance with law or business necessity. In the event a law does not specifically provide the County with the authority to collect your SSN, it is imperative the County collect your SSN and this is expressly provided in section 119.081 (5) 2.b.

**TRANSPORTATION DISADVANTAGED (TD) APPLICATION
BUS PASS PROGRAM
GoPasco**

Instructions: Complete Sections 1 and 2 and attach all required documents.

**COPY OF CURRENT/VALID FLORIDA DRIVER'S LICENSE OR FLORIDA ID IS REQUIRED
WITH APPLICATION
(GOVERNMENT ID MUST INDICATE PASCO COUNTY ADDRESS TO DETERMINE PASCO
COUNTY RESIDENCY)**

Section 1 – General Information

Name of Applicant:	Phone Number:
Home Address:	
Mailing Address (if different):	
Date of Birth:	Social Security Number:
Do you receive Medicaid? YES _____ NO _____	If YES, Medicaid Number:
Do you have a vehicle registered in your name? YES _____ NO _____	Do you drive? YES _____ NO _____
Emergency Contact:	Phone # of Emergency Contact:
Number of relatives, including yourself, living in household:	Total annual household income (must total lines below):

Indicate amount of annual income/benefit received by, or indicated on, each of the following sources for all family members of household (list household family members on reverse side):

- | | |
|--|----------|
| 1. Page #1 of individual tax return or most recent pay stub | \$ _____ |
| 2. DCF Benefit Letter / Cash Assistance / SNAP / Food Stamps | \$ _____ |
| 3. Unemployment Compensation Income Verification | \$ _____ |
| 4. Social Security Income Statement or Proof of Income Letter (SSI / SSDI) | \$ _____ |
| 5. Retirement / Pension / Investment Statement | \$ _____ |
| 6. Disabled Veteran's Benefit Letter | \$ _____ |
| 7. Housing Benefits (HUD, Section 8) | \$ _____ |
| 8. Other (Specify) | \$ _____ |

NOTE: If claiming \$0 income – Submit signed letter, on agency letterhead, from social service agency verifying poverty status.

NOTE: If claiming \$0 income, and you live in a house or apartment, indicate how rent / utilities are paid (this includes balance remaining after rent subsidy).

**CURRENT COPY OF OFFICIAL DOCUMENT(S) FOR EACH ITEM(S) COMPLETED ABOVE (#1 THROUGH #8)
MUST BE SUBMITTED WITH APPLICATION OR APPLICATION CANNOT BE PROCESSED.**

VETERAN'S INFORMATION

Are you a United States Veteran? YES _____ NO _____

If YES, type of Military Discharge:

Honorable _____ General _____

If YES, attach a copy of Discharge:

Need a copy of your Discharge? Contact Pasco County Elderly and Veterans Services

Section 2 – HOUSEHOLD MEMBERS (RELATIVES)

Name	Date of Birth	Relationship	Social Security Number

I attest all information is correct and any changes will be reported to Paratransit Services immediately.
(Original signature only – Do not email or fax)

Signature of Applicant: _____

Date: _____

Signature of Preparer: _____

Date: _____

Print Name (Preparer): _____

Date: _____

Return to:**GoPasco****8620 Galen Wilson Boulevard****Port Richey, FL 34668****(727) 834-3322**

Application may be mailed and/or hand delivered to the above address. Application and supporting document(s) cannot be submitted via fax or e-mail.