iEnable

WAKULLA SENIOR CENTER
RECREATION • TRANSPORTATION • NUTRITION
Project Administration

Transportation Disadvantaged Eligibility Application

Completed applications accepted via mail or email:

iEnable Administration: 223 W. Carolina St, Tallahassee, FL 32301

For Questions Call: 850-528-1831

INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

1. When completing the application, please print legibly and sign where indicated.
2. Incomplete or illegible applications will be returned, and eligibility consideration may be delayed.
3. All applicants will be notified of the application outcome by iEnable representative or referral partner.
4. Application will remain active for 12 months from date of signing. Re-certification may be required if program criteria changes or active status has ended.
5. To determine if applicant is eligible for services under this funding program, applicant must meet the following criteria:
    - Individual must be determined Transportation Disadvantaged pursuant to Chapter 427, Florida Statutes.

Please submit completed application to: support@i-enable.com

Section I: General Applicant Information

First Name:	Middle Initial:	Last Name:

Date of Birth:	Sex: ☐ Male ☐ Female	Telephone #:	Email:

Street Address:	Apt #:	Bldg #:
City:	State:	Zip Code:
Building/Complex Name:	Gate Code if Required:	

Emergency Contact:

First Name:	Last Name:

Telephone #:	Relationship:	Email:
Street Address:		

City:	State:	Zip Code:

Section II: Mobility & Functional Status

A. For what type of travel do you intend to use this service?

☐ Work ☐ Educational/Training ☐ Leisure ☐ Medical ☐ Other:

B. How often do you travel?

☐ Daily ☐ Weekly ☐ Monthly ☐ Other:

C. Check all mobility aids and/or impairments that apply:

☐ Wheelchair ☐ Portable Oxygen ☐ Deaf (no hearing) ☐ Mentally Impaired

☐ Walker ☐ Service Animal ☐ Hearing Impaired (*please indicate type of mental disability):*

☐ Cane ☐ Blind (no vision) _____

☐ Crutches ☐ Legally Blind _____

☐ Leg Brace ☐ Speech Impaired _____

D. Does applicant require the assistance of an Escort or Personal Care Attendant (PCA)? ☐ Yes ☐ No
If <u>yes</u>, the applicant must travel with an escort for each trip.

E. Is applicant/rider able to grip handles or railings? ☐ Yes ☐ No

F. Is applicant/rider able to understand and follow directions / requests? ☐ Yes ☐ No
If <u>no</u>, the applicant must travel with an escort for each trip.

G. Can applicant/rider deal with unexpected situations or change in routine ☐ Yes ☐ No
If <u>no</u>, the applicant must travel with an escort for each trip

H. Does applicant/rider require a specialized vehicle (wheelchair accessible vehicle)? ☐ Yes ☐ No

Wheelchair Size: (if applicable) Weight: Length: Width: Leg Extensions: ☐ Yes ☐ No

I certify the information provided in this application is true and correct. I understand that providing false or misleading information; or making false statements on behalf of others constitutes fraud and is considered a felony under the laws of the State of Florida.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Section III: Applicant Release

☐ I am providing documentation to support my claim for Transportation Disadvantaged status.

☐ I authorize _____ to release the necessary information to confirm my eligibility information for this program to iEnable.

I understand that I may revoke this authorization at any time with written notice to iEnable.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Section III: Referral Representative

This section should be completed by referral organization and/or entity providing eligibility information for applicant.

Organization Name:		
Street Address:	Building / Suite number:	
City:	State:	Zip code:
Name of Representative:		
Telephone:	Email:	Fax:

I certify the information provided in this application is true and correct. I understand that providing false or misleading information; or making false statements on behalf of others constitutes fraud and is considered a felony under the laws of the State of Florida.

Attached is the necessary information to support this client has been determined Transportation Disadvantaged as defined in Chapter 427, Florida Statute.

Referral Representative: _____ Date: _____

********** **OFFICE USE ONLY** **********

Received Date: _____ Approved Date: _____ Denied Date: _____

Reviewed by: _____

Visit our website www.i-Enable.com for more information about the services that iEnable, Inc. offers in your community.