



**Application for the Transportation Disadvantaged (TD) Program**  
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The Transportation Disadvantaged Program provides lower-cost transportation for life-sustaining trips to Pinellas County residents whose gross household income is below 150% of poverty, and who do not have another way to take these trips. To apply, complete and submit this application for each member of your household who needs this service (age six and above, children 5 and under ride PSTA free). **Applications submitted without proof of income/no income for all household members will not be approved until this is received.**

**DATE:** \_\_\_\_\_  
**NAME ON** \_\_\_\_\_  
**YOUR ID:** \_\_\_\_\_  
**STREET** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY & ZIP** \_\_\_\_\_  
**CODE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**E-MAIL** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**1. Do you have a car ride for your vital trips (work, food, Dr.)?**  
 Yes                       No

**2. Are you registered with or employed by St Petersburg College (SPC), USF-St Pete, Pinellas Technical College (PTC), MYcroSchool, Schuller University, or City of St Pete?**  
 Yes                       No

**3. TD services include low-cost bus passes, Late Shift on-demand work trips overnight, and door-to-door trips if disability prevents bus use.**

a) Can you use PSTA's buses for all of your vital trips?  
 Yes                       No

b) Do you need TD Late Shift to get to a current job between 10 pm – 6 am any day?  
 Yes                       No

c) Do you need TD door-to-door due to a disability?  
 Yes (complete DART application)     No

**4. Is Medicaid your only form of health insurance?**  
 Yes                       No



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**5. Do you have any physical or mental disabilities?**

Yes     No

If yes, what type(s)? \_\_\_\_\_

**6. Does anyone in your household require a wheelchair?**

Yes     No

**7. You MUST complete the table below for each immediate family member of your household** (YOURSELF, spouse, parents, children, step and foster children, siblings, grandparents, grandchildren) living at the same address). For Monthly Gross Income, list all income by source and attach proof of income for each source as described below. Gross Income is before all taxes and withholding and includes pay, Social Security, Disability, Cash Benefits, and child support:

Name	Date of Birth	Relationship to You	Monthly Gross Income

**8. How many persons are in your household** (Household includes yourself and any relatives living at the same address)? \_\_\_\_\_

**9. What is your household's Monthly Gross Income from the table above?**  
\_\_\_\_\_

**10. Attach proof** of each source of income listed above for you and all members of your household to this completed application. **Please provide copies as proof of income will not be returned.**

**Acceptable forms of proof of income include current copies of:**

- 1st page of your tax return
- DCF Cash Benefit/Child Support Letter\*
- Minimum of (2) most recent pay stubs
- Unemployment Compensation Income Verification
- Social Security Income Verification or Proof of Income Letter (includes SSI and SSDI)
- Retirement/Pension Statement (includes VA)

**If no one in your household has income, you must submit either:**

- **Access/DCF Benefits statement showing dollar amount of benefits (Food Assistance) or,**
- **a signed letter on agency letterhead verifying that you have no income.**

**Applications missing proof of income/no income will not be approved for TD until this information is received.**



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**NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_

**11. How many days in the next calendar month will you need PSTA to get to:**

**Medical/Health:** \_\_\_\_\_ **# Days**  
Includes doctors, dental, pharmacy, mental health, drug treatment, and AA/NA/PTSD support groups (list phone number for each in next section for verification).

**Food:** \_\_\_\_\_ **# Days**  
Includes grocery and other food stores, as well as food distribution sites and group meals.

**Vital Services:** \_\_\_\_\_ **# Days**  
Includes government and non-governmental social service agencies, banks, utility bill payment sites, and check cashing services.

**Employment:** \_\_\_\_\_ **# Days**  
Includes paying jobs only, not volunteering/unpaid work.  
(list phone number and work hours for each job in next section for verification)

**Job-Required Training:** \_\_\_\_\_ **# Days**  
Includes only courses required by your current employer

**Other Education & Training:** \_\_\_\_\_ **# Days**  
Includes any courses except for Job-Required Training above.

**Other Life-Sustaining Trips NOT already counted above:** \_\_\_\_\_ **# Days**

**Total number of all trips listed above** \_\_\_\_\_ **Grand Total:** \_\_\_\_\_

**By signing this form, I am stating that the information I have given is true and complete to the best of my knowledge; if falsified, my TD services will be suspended:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Contact PSTA two weeks after submitting your application to find out your eligibility status. Bus passes are sold month-long with a valid government-issued photo ID. See the Transportation Disadvantaged (TD) page at [www.psta.net](http://www.psta.net) for more details. If PSTA bus service will not meet your trip needs, you may be eligible for door-to-door service.

**Bring this completed form to a PSTA Customer Service Representative, fax or mail to:**  
TD Program, PSTA, 3201 Scherer Drive, St. Petersburg, FL 33716  
Fax: (727) 540-1923, InfoLine: (727) 540-1900