



**SECTION III - DISABILITY**

Are you currently receiving Supplemental Security Income (SSI)?  Yes  No  
Are you currently receiving Social Security Disability?  Yes  No  
Do you consider yourself to be disabled?  Yes  No

If YES, what is the nature of your disability? (Check all that apply)

- Blind/Legally Blind       Wheelchair User       Difficulty Walking
- Arthritis       Cerebral Palsy       Multiple Sclerosis
- Neuromuscular Disease       Alzheimer's Disease       Stroke
- Epilepsy       Respirator or Oxygen Dependent       Other (describe)
- Muscular Dystrophy       Mentally Challenged      \_\_\_\_\_

Do you require mobility aids?  Yes  No

If YES, which aids do you require? (Check all that apply)

- Walker       Guide Dog       Personal Care Attendant
- Scooter       Cane       Wheelchair
- Other \_\_\_\_\_

**SECTION IV - FREQUENCY OF USE/DESTINATIONS**

What doctors or medical clinics do you visit on a regular basis?

**NAME AND ADDRESS OF HOSPITAL,  
DOCTOR OR CLINIC**

**NUMBER OF VISITS  
EACH MONTH OR WEEK**


**SECTION V - SIGNATURE, PREPARER AND WITNESS**

I affirm that the information provided in this application for services is true and correct and understand that making false statements, having others make false statements, or making false statements on behalf of others constitutes welfare fraud and is considered **a felony under the laws of the State of Florida.**

Transportation Disadvantaged Recipient's

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RETURN COMPLETED FORM TO:**

**Good Wheels, Inc.  
Community Transportation Coordinator  
10075 Bavaria Rd., SE  
Fort Myers, FL 33913  
1-239-768-2900  
1-800-741-1570 (Toll Free)**

**Florida Relay System:  
1-800-955-8770 - Voice  
1-800-955-8771 - TTY**