

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
- Muscular Dystrophy Mentally Challenged Emotionally Challenged
- Other (describe) _____

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, 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**

ACCESSIBLE FORMATS ARE AVAILABLE UPON REQUEST