

Cape Coral Mini-Bus Service

239-574-0573

Transportation for Seniors / Disabled

ELIGIBILITY REQUIREMENTS

- Senior 55 years of age or older
- Disabled 18 years of age or older
- Transportation disadvantaged
- Cape Coral resident
- Transportation within the City of Cape Coral

ENROLLMENT

- Completely fill out all forms
- Return forms with a check for **\$15** yearly registration fee
- Purchase a ticket \$60 for a Five (5) rounds trip ticket ~**OR**~ if approved for grant ten (\$10) for round trip ticket
- Make checks payable to “The City of Cape Coral”
- Please mail all forms and check to:

Cape Coral Mini Bus

Lake Kennedy Center

P.O. Box 150027

Cape Coral, FL 33915-0027

The City of Cape Coral Minibus has been a proud provider of transportation for over 30 years. You are receiving this letter because you are applying for or have received fee assistance for rides of the Cape Coral Mini Bus Service. Fee assistance is made possible by the Us Department of Housing and Urban Development (CDBG) grant.

Please provide the following:

Proof of income: one month bank statemen tor SSI award letter or IRS tax letter

Updated Emergency form

Updated Fee Assistance form

How Appointments Work

- **Transportation services must be scheduled a minimum of 72 hours in advance*** and are geared for medical appointments and weekly shopping excursions within Cape Coral.

Note: Rides are scheduled on a first come, first-serve basis, and space is limited, so there is not always availability 72 hours in advance. Please schedule rides well in advance to get your preferred day/time.

- NO appointments are taken from the answering machine
- Please schedule appointments between the hours of 9:30am- 1:30pm
- Shoppers: Please limit bags to 5-7
- Please be ready **ONE** hour before appointment time
- Please notify the office when you are ready to go home
- If you need assistance in a wheelchair or for any other medical reasons, you may have a caregiver ride along. There is no extra charge.
- Multiple stops should be arranged when you schedule your appointment and are charged as multiple rides
- Final take home for the day is 3:30pm

This is a much-needed program for those who have no transportation. If you need to cancel your appointment, please do so as soon as possible. If a driver is dispatched before you cancel you will be charged for that ride.

City of Cape Coral Holiday Schedule * no rides

New Year's Eve & New Years Day, Martin Luther King Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Thanksgiving Day & day after, Christmas Eve * Christmas Day. * Dates are added when mandator Driver in-service are scheduled.

PLEASE RETURN - THIS INFORMATION IS VERY IMPORTANT

EMERGENCY INFORMATION FORM

Date _____
Name _____
Address _____
Zip Code _____ Home Phone # _____ Cell # _____
Drivers License or Florida ID # _____
Age _____ Date of Birth _____
Height _____ Weight _____ Hair Color _____
Race: Caucasian, Non-Hispanic _____ Hispanic _____
Black, Non-Hispanic _____ Asian/Pacific Islander _____
American Indian _____

WHO TO CALL, IN CASE OF AN EMERGENCY

Name _____ Telephone # _____
Address _____ City _____
State _____ Zip Code _____

PHYSICIANS INFORMATION:

Name _____ Telephone # _____
Name _____ Telephone # _____
Name _____ Telephone # _____

Please list all physical & medical conditions:

Do you need assistance with walking or getting into a vehicle? _____
Are you being transported in a wheelchair? _____ Electric? _____

Do you have a caseworker or caregiver assisting you with your needs?

(Yes) _____ (No) _____

If so, Name: _____ Telephone# _____

Please Note:

The Cape Coral Mini-Bus is responsible for transporting groups of senior and disabled citizens to their group and daycare activities at the start of each day. We ask that you not make any early appointments before 9:00 a.m. or after 1:00 p.m.
Thank you.

**CITY OF CAPE CORAL
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
SELF CERTIFICATION**

The service being provided to you is funded in part by the U. S. Department of Housing and Urban Development (HUD). HUD monitors the City as to the income and ethnicity of program participants. The information being requested is only for monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.

Program/Agency: _____

_____ Male Female AGE _____
Client Name (PLEASE PRINT)

_____ _____ _____
Street Address City Zip
Code

1. Status (Check all that apply): 62 years or older Disabled
2. Head of Household: Are you the head of the household? Yes No
3. If you are not the head of the household, is the head of the household female? Yes No

4. Household Size and Total Annual Household Income (Effective 5/15/23):

A. Circle the total number of people in your household in the first column.
B. On the line corresponding to your household size, check the income range that includes your household's annual income include court ordered child support whether received or not.

A. Household Size

B. Total Household Income

	Extremely Low Income 30% AMI	Low Income 50% AMI	Moderate Income 80% AMI
1	<input type="checkbox"/> \$17,900 or less	<input type="checkbox"/> \$17,901 - \$29,800	<input type="checkbox"/> \$29,801 - \$47,700
2	<input type="checkbox"/> \$20,450 or less	<input type="checkbox"/> \$20,451 - \$34,050	<input type="checkbox"/> \$34,051 - \$54,500
3	<input type="checkbox"/> \$24,860 or less	<input type="checkbox"/> \$24,861 - \$38,300	<input type="checkbox"/> \$38,301 - \$61,300
4	<input type="checkbox"/> \$30,000 or less	<input type="checkbox"/> \$30,001 - \$42,550	<input type="checkbox"/> \$42,551 - \$68,100
5	<input type="checkbox"/> \$35,140 or less	<input type="checkbox"/> \$35,141 - \$46,000	<input type="checkbox"/> \$46,001 - \$73,550
6	<input type="checkbox"/> \$40,280 or less	<input type="checkbox"/> \$40,281 - \$49,400	<input type="checkbox"/> \$49,401 - \$79,000
7	<input type="checkbox"/> \$45,420 or less	<input type="checkbox"/> \$45,421 - \$52,800	<input type="checkbox"/> \$52,801 - \$84,450
8	<input type="checkbox"/> \$50,560 or less	<input type="checkbox"/> \$50,561 - \$56,200	<input type="checkbox"/> \$56,201 - \$89,900

Check here if your income does not fall into any of the income ranges corresponding with your household size.

5. Do you receive income from any of the following sources?

- Welfare to Work Temporary Assistance to Needy Families (TANF)
 Social Security Food Stamps
 Other: _____

Client Name: _____

6. Race (Must Check ONLY one)

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Asian & White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> Black/African American & White | |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Other Multi-Racial | |

7. Ethnicity (Must Check ONE)

- Hispanic Non-Hispanic

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that the amount of GROSS Income listed above includes the income (including income from assets) of all adults within the household. I certify, if applicable, that income also includes COURT AWARDED CHILD SUPPORT AND ALIMONY. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification.

Warning:

Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misinterpretations of any material fact in the use of or obtaining the use of federal funds.

According to Title 18, Section 1001 of the U.S. Code if you knowingly and willingly make fraudulent statements or misinterpretations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or imprisoned not more than 5 years, or both.

Signature

Date

FOR AGENCY USE ONLY:

CLIENT MEETS THE FOLLOWING CDBG INCOME LIMITS ESTABLISHED AT THE TIME OF APPROVAL.

- EXTREMELY LOW INCOME LOW INCOME MODERATE INCOME

STAFF/VOLUNTEER PRINTED NAME

SIGNATURE

DATE