



Made possible with funding provided by:



Transportation Disadvantaged (TD) Program Annual Recertification Form

This form is required to continue receiving services by the Neighborly Care Network through the Pinellas Suncoast Transit Authority's (PSTA) Transportation Disadvantaged Program.

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Telephone: _____

1. Are you a resident of Pinellas County? Yes No
2. Are you age 60 or older? Yes No
3. For the next 12 months will you always have a ride for your vital trips (food, Doctor)?
 Yes No

By signing below, I affirm that all of the information is true and complete. I understand that these documents are required for me to continue receiving services through the Pinellas Suncoast Transit Authority's (PSTA's) Transportation Disadvantaged Program.

Print Name: _____

Signature: _____ Date: _____