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## **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 twelve (12) months, would you always have a ride for your vital trips (food, medical) if you did not have Neighborly Services?  Yes  No
4. Do you use any of the following: cane, walker, or wheelchair?
5. Are you enrolled in a managed Medicaid plan?  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: \_\_\_\_\_