

TRANSIT DIVISION - DIRECT CONNECT PROGRAM - APPLICATION

Community Services • 437 North 7th Street • Fort Pierce, FL 34950 •

Phone (772)462-2095 Fax (772)462-2094

**IN ORDER TO PROCESS YOUR APPLICATION FOR ASSISTANCE,
*YOU MUST PRESENT YOUR PICTURE ID AND BE A ST. LUCIE COUNTY RESIDENT***

NAME: _____ Social Security No. _____ DOB: ____/____/____

Phone: (____) _____ - _____ Other Phone Number: (____) _____ - _____

ADDRESS: _____
Street City State Zip Code

When did you move to your current address (month/year)? ____/____

When did you move to St. Lucie County (mo/yr)? ____/____ to Florida (mo/yr)? ____/____

How many people are living in your home? Adults: _____ Children: _____

Marital Status (Check one): Single Married Divorced Separated

What is your race? (Check one): White Black Hispanic Native American Other _____

What is the source of income to your family? Please fill in the amount received:

Employment	\$ _____	per month
SSI	\$ _____	per month
Social Security	\$ _____	per month
Food Stamps	\$ _____	per month
Disability	\$ _____	per month
Child Support	\$ _____	per month
Alimony	\$ _____	per month
Contributions	\$ _____	per month
Other	\$ _____	per month

What is your primary use for this transportation? (Circle all that apply)

EDUCATION MEDICAL WORK

Please Read Before Signing

The information provided above is true and complete to the best of my knowledge and belief under penalty of perjury. I understand that willful misstatement of material fact will be grounds for disqualification. This information will be maintained by the County and is subject to public disclosure.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.083.

Signature: _____

Date: ____/____/____

OFFICE USE ONLY

Voucher Number _____

Applicant ID provided: **YES NO**. If no, why? _____

Is applicant a St. Lucie County resident? **YES NO**. If no, why? _____

Staff Signature _____ Date _____



**COMMUNITY SERVICES TRANSIT DIVISION
DIRECT CONNECT
AN AFTER HOURS PROGRAM**

**437 NORTH 7th STREET • FORT PIERCE, FL 34950
TELEPHONE (772)462-2095 FAX (772)462-2094**

Thank you for your interest in our After Hours Transportation Program. Please complete the application and call our office at (772) 462-2095 to make an appointment.

Appointment Hours

Monday & Wednesday 2:00 p.m. to 5:00 p.m.

Tuesday, Thursday & Friday 9:00 a.m. to 12:30 p.m.

Listed below are the items needed to qualify you for this program. Please bring your **Social Security Card** and current income information which apply to your application:

Employment Income (Last 30 Days)
Social Security Benefits
Any Government Assistance (Including SSI and Disability)
Food Stamps
Child Support
Alimony