



**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 the apply)

- Blind/Legally Blind     Wheelchair User     Difficulty Walking
- Arthritis     Cerebral Palsy     Multiple Sclerosis
- Neuromuscular Disease     Alzheimer's Disease     Stoke
- Epilepsy     Respirator or Oxygen Dependent     Other (describe)
- Muscular Dystrophy     Mentally Challenged    \_\_\_\_\_

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 or 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.**

Medicaid and/or 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**