



Fare Subsidy Program (FSP) Eligibility Application

| Client Information | Proof of Income | |
|------------------------------|--|---|
| | Check off the document attached | |
| Last Name: | <input type="checkbox"/> WIC | <input type="checkbox"/> Medicaid |
| First Name: | <input type="checkbox"/> SNAP | <input type="checkbox"/> SSI/SSDI or SSA |
| Phone: | <input type="checkbox"/> Cash Assistance Program for Immigrants (CAPI) | |
| Date of Birth: | <input type="checkbox"/> Government Assistance | <input type="checkbox"/> Other General Assistance |
| Client ID Number: | <input type="checkbox"/> Most recent tax return | <input type="checkbox"/> Three most recent paystubs |
| Family Members in Household: | <input type="checkbox"/> Most recent year end SS statement | |

In order to expedite the processing of your application, this form must be accompanied by the above stated Proof of Income, and that your ADA application is not expired, pending or needs to be recertified.

I verify that these statements are true and correct to the best of my knowledge. I understand that supplying false information may disqualify my application.

This application is being completed and signed by the Designated Representative, Guardian, Power of Attorney (POA), or sponsor of the client.

Signature: _____

Date: _____

Submit Completed Application to:
Palm Tran Connection Eligibility Department
50 South Military Trail, Suite 101,
West Palm Beach, FL 33415
Office Hours: Monday-Friday | 8:00am – 4:30pm
Fax: 561-656-7156
Email: connpalmeligibility@pbc.gov