



Transportation Disadvantage 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? Yes No
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: _____