

Cape Coral Mini- Bus Service

239-574-0573

Transportation for Seniors /Disabled

ELIGIBILITY REQUIREMENTS

- Senior 55 years of age or older
- Disabled 18 years of age or older
- Transportation disadvantaged
- Cape Coral resident
- Transportation within Cape Coral

Return forms with a check for \$15 yearly registration fee.

Fee assistance is made possible by the US Department of Housing and Urban Development (CDBG) grant. A ride ticket is available for purchase at a reduced rate of \$10 for 5 round trip rides. Non CDBG grant recipients can purchase a ticket at the full price of \$60 for 5 round trip rides.

Please mail all forms and check/money order made payable to — City of Cape Coral:

Cape Coral Mini Bus
Lake Kennedy Center
P.O. Box 150027
Cape Coral, FL 33915-0027

How Appointments Work

Transportation services must be scheduled a minimum of 72 hours in advance. Rides are on a first come, first serve basis so there is not always availability with 72 hours in advance. Please schedule rides well in advance.

- NO appointments are taken from the answering machine.
- Please schedule appointments between the hours of 9:00am- 2:00pm.
- Shoppers: Please limit bags to 10 bags.
- Please be ready ONE hour before appointment time.
- Appointments have a 2-hour time limit.
- Please call 239-574-0573 when you are ready to get picked up.
- If you need assistance in a wheelchair or for any other medical reasons, you may have a caregiver ride along. There is no extra charge for the caregiver.
- Multiple stops should be arranged when you schedule your appointment they charged as multiple rides.
- Final take home for the day is 3:30pm.

This is a much-needed program for those who have no transportation. If you need to cancel your appointment, please do so as soon as possible. If a driver is dispatched before you cancel you will be charged for that ride.

No rides are available on the following days:

New Year's Eve & New Years Day, Martin Luther King Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Thanksgiving Day, Black Friday, Christmas Eve and Christmas Day. ~Dates are added when mandatory Driver in-service are scheduled~

CITY OF CAPE CORAL
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
EMERGENCY INFORMATION FORM

Name: _____ Date: _____

Address: _____

Zip Code: _____ Date of Birth: _____ Age: _____

Cell Phone # _____ Home Phone # _____

Height: _____ Weight: _____ Hair Color: _____

Ethnicity (check one):

Caucasian, Non Hispanic _____ Hispanic _____ Black/NonHispanic _____

Asian/Pacific Islander _____ American Indian _____

WHO TO CALL IN CASE OF EMERGENCY

Name: _____ Phone# _____

Address: _____

City: _____ State: _____ Zip: _____

PHYSICIANS INFORMATION

Name: _____ Phone# _____

Name: _____ Phone# _____

Name: _____ Phone# _____

Please list all physical & medical conditions: _____

Do you need assistance walking or getting into vehicle? _____

Are you being transported in a wheelchair? _____

Do you have a case giver or caregiver assisting you with your needs? _____

If yes, Name _____ Phone # _____

**CITY OF CAPE CORAL
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
SELF CERTIFICATION**

The service being provided to you is funded in part by the U. S. Department of Housing and Urban Development (HUD). HUD monitors the City as to the income and ethnicity of program participants. The information being requested is only for monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.

Program/Agency: _____

_____ ☐ Male ☐ Female AGE _____
Client Name (PLEASE PRINT)

_____ City _____ Zip _____
Street Address
Code

1. Status (Check all that apply): ☐ 62 years or older ☐ Disabled
2. Head of Household: Are you the head of the household? ☐ Yes ☐ No
3. If you are not the head of the household, is the head of the household female? ☐ Yes ☐ No

4. Household Size and Total Annual Household Income (Effective 4/1/25):

A. Circle the total number of people in your household in the first column.

B. On the line corresponding to your household size, check the income range that includes your household's annual income include court ordered child support whether received or not.

A. Household Size

B. Total Household Income

	Extremely Low Income 30% AMI	Low Income 50% AMI	Moderate Income 80% AMI
1	<input type="checkbox"/> \$21,500 or less	<input type="checkbox"/> \$21,501 - \$35,750	<input type="checkbox"/> \$35,751 - \$57,250
2	<input type="checkbox"/> \$24,550 or less	<input type="checkbox"/> \$24,551 - \$40,900	<input type="checkbox"/> \$40,901 - \$65,400
3	<input type="checkbox"/> \$27,600 or less	<input type="checkbox"/> \$27,601 - \$45,950	<input type="checkbox"/> \$45,951 - \$73,600
4	<input type="checkbox"/> \$32,150 or less	<input type="checkbox"/> \$32,151 - \$51,100	<input type="checkbox"/> \$51,101 - \$81,750
5	<input type="checkbox"/> \$37,650 or less	<input type="checkbox"/> \$37,651 - \$55,200	<input type="checkbox"/> \$55,201 - \$88,300
6	<input type="checkbox"/> \$43,150 or less	<input type="checkbox"/> \$43,151 - \$59,300	<input type="checkbox"/> \$59,301 - \$94,850
7	<input type="checkbox"/> \$48,650 or less	<input type="checkbox"/> \$48,651 - \$63,400	<input type="checkbox"/> \$63,401 - \$101,400
8	<input type="checkbox"/> \$54,150 or less	<input type="checkbox"/> \$54,151 - \$67,500	<input type="checkbox"/> \$67,501 - \$107,950

☐ Check here if your income does not fall into any of the income ranges corresponding with your household size.

5. Do you receive income from any of the following sources?

- ☐ Welfare to Work ☐ Temporary Assistance to Needy Families (TANF)
☐ Social Security ☐ Food Stamps
☐ Other: _____

Client Name: _____

6. Race (Must Check ONLY one)

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Asian & White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> Black/African American & White | |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Other Multi-Racial | |

7. Ethnicity (Must Check ONE)

- ☐ Hispanic ☐ Non-Hispanic

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that the amount of GROSS Income listed above includes the income (including income from assets) of all adults within the household. I certify, if applicable, that income also includes COURT AWARDED CHILD SUPPORT AND ALIMONY. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification.

Warning:

Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misinterpretations of any material fact in the use of or obtaining the use of federal funds.

According to Title 18, Section 1001 of the U.S. Code if you knowingly and willingly make fraudulent statements or misinterpretations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or imprisoned not more than 5 years, or both.

Signature

Date

FOR AGENCY USE ONLY:

CLIENT MEETS THE FOLLOWING CDBG INCOME LIMITS ESTABLISHED AT THE TIME OF APPROVAL.

- ☐ EXTREMELY LOW INCOME ☐ LOW INCOME ☐ MODERATE INCOME

STAFF/VOLUNTEER PRINTED NAME

SIGNATURE

DATE