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Veterans Transportation Program

The Martin County Veterans Transportation Program offers free door-to-bus stop and reverse commute for Veterans to the Veterans Affairs Medical Center (VAMC) in West Palm Beach, Florida, and door to door commute to the Stuart VA Clinic in Stuart, Florida.

Eligible Veterans can reserve a trip up to seven days in advance. Same day reservations are not permitted.

To participate in this program, Veterans must complete this Application, and provide all required documents to obtain a Veterans Transportation Program Boarding Pass.

APPLICATION PROCESS

All applicants seeking eligibility must provide a valid Government issued Veteran's Photo ID, proof of Martin County residency, a telephone number, and emergency contact information. **All** application questions must be answered. Completed applications may be dropped off or mailed to:

Martin County Transit/Veterans 2401 SE Monterey Road Transit – 2nd Floor Stuart, Florida 34996 Mailed applications are processed within 5 to 10 business days. Applicants will be contacted by the Mobility Coordinator to schedule a photo for the Veterans Transportation Boarding Pass.

If the application is being dropped off, please contact the Mobility Coordinator in advance at (772) 288-5460 to schedule a photo for the Veterans Transportation Boarding Pass.

Photos are taken at the Martin County Administration Building, located at 2401 SE Monterey Road, Stuart, FL 34996.

If you have questions or need assistance completing this form, please call:

(772) 288-5460 Florida Relay 711

PLEASE PRINT Last Name: _____ First Name: _____ MI: ____ Street Address: Bldg.: Apt.: Building Complex or Development Name: City: _____ State: ____ Zip Code: ____ Telephone: () Date of Birth: / / Special transportation needs: Walker: _____ Wheelchair: _____ Scooter: ____ Other-specify: _____ Please provide a copy of the following: Valid Government issued Veteran Photo ID Valid Florida Photo ID with current permanent address If your valid Florida ID does not have your current address, proof of residency must be provided. Acceptable proof of residency includes an executed lease, water or utility bill in the name of the veteran If someone assisted you in completing this form, please identify them below: Name: ______ Phone: (____) ____ Please give us the name and telephone number of someone we can call in an emergency: Name: Phone: (____) _____

All information is Required.

Relationship: