



BOARD OF COUNTY COMMISSIONERS
BROWARD COUNTY, FLORIDA

Broward County Transit Veterans Clinic Transportation

Important Program Information

To apply for the Veterans Clinic Transportation:

- Complete the attached application.
- Provide copy of photo ID.
- Provide proof of discharge status.
- Sign and date your application.
- **Mail the application and documents to:**
Paratransit Eligibility Services Broward County Transit
1 N. University Dr., Suite 2400-B
Plantation, FL 33324
- Application with documents may also be hand-delivered to the address above and placed in the drop-box located in the lobby on the first floor.
- Application with required documents can also be emailed to:
paratransit@broward.org OR faxed to 954-357-8345.

We will process and notify you by mail of your approval status within 10 days of receipt of your application.

Please note this program is only for Veterans traveling to/from the **William “Bill” Kling VA Clinic** located at: **9800 West Commercial Drive, Sunrise, FL 33351**. Please have your exact reduced fare of \$1.75 each way available upon boarding the vehicle as drivers do not make change.

For assistance with obtaining proof of veteran status, please contact Broward County Elderly and Veterans Services at: 954-357-6622.

If you need additional information, please contact Customer Service: 954-357-8400 (Voice), 954-357-8302 (TTY), or visit broward.org/BCT/Pages/Veterans.aspx

PLEASE PRINT LEGIBLY

Received Date: _____ Process Date: _____

Exp. Date: _____ Client ID: _____

Veterans Clinic Transportation Application

General Information

Last Name: _____ First Name: _____ MI: _____

Email: _____ Date of Birth: _____

Street Address: _____ Apt: _____

Bldg./Subdivision Name: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Other Phone: _____

___ At Large (*Homeless*) Send Mail in Care of: _____

Do you use any of the following mobility aids or equipment?

___ Powered scooter ___ Powered wheelchair ___ Manual wheelchair

___ Service animal – describe _____

___ Other _____

Emergency Contact Information

In case of emergency, who do we contact?

Name: _____ Phone: _____

Relationship: _____ Other Phone or Email: _____

Additional Contact: _____

Additional documents required to process your application:

Proof of discharge status (DD214): _____ YES _____ NO

Provide copy of photo ID: _____ YES _____ NO

Client's Signature: _____ **Date:** _____

*Client not available for signature:

Preparer: _____ Relationship: _____

Contact Phone Number: _____

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