



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 veteran status.
- Sign and date your application.
- **Mail this application and documents to:**
Broward County Transit - Paratransit Services
1 North University Drive, Suite 3100 A
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.

We will process and notify you of your approval status by mail within 10 days upon 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 us on the web at: www.broward.org/BCT

**PLEASE PRINT
LEGIBLY**

DO NOT WRITE IN THIS SPACE

Received Date: _____ Process Date: _____

Exp. Date: _____ Client ID: _____

Veterans Clinic Transportation Application

General Information

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt: _____

Bldg./Subdivision Name: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Other Phone: _____

E-mail: _____ Date of Birth: _____

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

Emergency Contact Information

In case of emergency, who do we contact?

Name: _____ Phone: _____

Relationship: _____

Other Phone or E-mail: _____

Additional Contact: _____

Additional documents required to process your Veterans Clinic Transportation application.

Proof of Veteran status: YES NO

Provide copy of photo ID: YES NO

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

*Client not available for signature:

Preparer: _____ Relationship: _____

Contact Phone Number: _____