Cape Coral Mini-Bus Service

239-574-0573

Transportation for Seniors & Disabled

The City of Cape Coral Minibus has been a proud provider of transportation for over 30 years. You are receiving this letter because you are applying for or have received fee assistance for rides of the Cape Coral Mini Bus Service. Fee assistance is made possible by the Us Department of Housing and Urban Development (CDBG) grant.

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

HOW TO ENROLL

- Fill out all forms
  - Emergency Information Form (1 page)
  - Self Certification (2 pages)
  - Certification of Legal Residency (1 page)
  - Copy of Residency Documentation *(if applicable)*
- Mail forms with a $15 check made payable to the City of Cape Coral

  Cape Coral Mini-Bus
  Lake Kennedy Center
  PO Box 150027
  Cape Coral, FL 33915-0027

Grant eligible riders are charged a reduced rate of $1 per ride or $2 round trip (until 9/30/2026)

Effective 10/1/2026 grant eligible riders will be charged $2 per ride or $4 round trip.

Non Grant riders are charged $6 per ride or $12 round trip.

Ride tickets are available at the following rates:

• Grant eligible riders (until 9/30/2026)	$10 for 5 round trip rides
• Grant eligible riders (starting 10/1/2026)	$20 for 5 round trip rides
• Non Grant riders	$60 for 5 round trip rides

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How Appointments Work

- Rides must schedule a minimum of 72 hours in advance
- Rider assistant devices (i.e. wheelchair, walker) should be made known when scheduling appointment so the appropriate vehicle is scheduled for your transportation
- Rides are scheduled on a first come, first serve basis - some days & times may not be available with the 72 hour notice
- Please schedule well in advance when possible
- NO appointments are taken from the answering machine
- Please schedule appointments from 9am-2pm
- Shoppers: Please limit groceries to 10 bags
- Be ready 1 hour before your appointment time
- Appointments have a 2-hour time limit
- Call 239-574-0573 when you're ready to be picked up
- If you need assistance with a wheelchair, or for any other medical reason, you may have a caregiver ride along. There is no extra charge for caregivers.
- Multiple stops should be arranged when you schedule your appointment. They will be charged as multiple rides.
- Final take home for the day is 3:30pm.

Those attending the Senior Friendship Dining Program should be ready for pick up anytime after 7:45am. Return trip home will be between 12/12:30pm OR at 2:30pm.

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.

City of Cape Coral Holiday Schedule ** no rides*

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

MINI BUS FARE UPDATE!

Effective 10/1/2026

The cost of the minibus rides is going to be:

$2 ONE WAY
$4 ROUND TRIP

ALL RIDE TICKETS PURCHASED WILL EXPIRE ON 9/30/2026

For those not participating in Grant program remain $6 one way and $12 round trip

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: - CAPE CORAL MINIBUS

_____ ❑Male ❑ Female AGE_____
Client Name (PLEASE PRINT)

_____ _____ _____
Street Address City Zip 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 5/1/26):
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	❑ $23,600 or less	❑ $23,601 - $39,300	❑ $39,301 - $62,950
2	❑ $27,000 or less	❑ $27,001 - $44,950	❑ $44,951- $71,900
3	❑ $30,350 or less	❑ $30,351 - $50,500	❑ $50,501 - $80,950
4	❑ $33,700 or less	❑ $33,701 - $56,200	❑$56,201 - $89,900
5	❑$38,680 or less	❑ $38,681 - $60,700	❑$60,701 - $97,100
6	❑ $44,360 or less	❑ $44,361- $65,200	❑ $65,201 - $104,300
7	❑$50,040 or less	❑ $50,041 - $69,700	❑$69,701 - $111,500
8	❑ $55,720 or less	❑ $55,721 - $74,200	❑ $74,201- $118,700

❑ 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: _____

6. Race (Must Check ONLY one)
❑American Indian/Alaskan Native ❑ Asian ❑White
❑ Native Hawaiian/Pacific Islander ❑Asian & White ❑Black/African American
❑American Indian/Alaskan Native & White ❑Black/African American & White
❑American Indian/Alaskan Native & Black/African American ❑ Other Multi-Racial

Client Name:_____

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

Client Name:_____

Certification of Legal Residency in the United States

Each person who will benefit from City of Cape Coral CDBG programs must either be a citizen or national of the United States or be a noncitizen that has eligible immigration status that qualifies them for assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. immigration and Naturalization Service.

1. Applicant

I certify that I am: (check one)

☐ a citizen or national of the United States

☐ a n alien lawfully present in the United States

2. Household

I certify that there are _____persons in my household and that _____are citizens or nationals of the United States and _____are aliens lawfully present in the United States.

Warning: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid housing assistance you received; and fined up to $10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

By signing this form, I certify that the statement and information contained in this document are true, accurate and complete.

_____

Applicant Signature Date

_____

Co-Applicant Signature Date

FOR AGENCY USE ONLY

Income is ☐**at/below** 30% ☐**between** 30 - 50% ☐**between** 50 - 80% of HUD income guidelines.

Certification conducted by: _____ Date: _____

Printed Name: _____

For all non-citizen and non-national persons within the household collect full name, date of birth, and at least one of the following forms:

a. USCIS/Alien Registration number (A-Number)

b. Form I-94, Arrival/Departure Record number

c. Student and Exchange Visitor Information System (SEVIS) ID number

d. Naturalization/Citizenship Certificate number

e. Card Number/I-797 Receipt number

f. Social Security number (for initial verification only)