

Disability Support Application for Transportation Needs

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally apply for disability support regarding my transportation needs. I am living with [specific disability or condition] which significantly impacts my ability to use public transportation and manage personal travel independently.

Due to my condition, I experience [describe specific limitations, e.g., difficulty walking, cognitive impairments], which makes it challenging for me to access essential services such as medical appointments, grocery shopping, and other necessary activities.

I am seeking assistance with [specific transportation services you need, e.g., paratransit services, taxi vouchers, accessible vehicle rentals]. I believe that with the necessary transportation support, I will be able to [describe benefits, e.g., maintain my independence, attend necessary appointments, etc.].

Included with this letter are the required documents that attest to my disability, including [list any attached documentation, e.g., medical reports, assessment forms].

Thank you for considering my application. I look forward to your prompt response so that I may address my transportation needs efficiently.

Sincerely,

[Your Name]