

TRANSIT *Services of Frederick County*

Authorization/Professional Verification for ADA Paratransit Application

This certification is required for individuals applying for ADA Paratransit eligibility. A professional who is familiar with your abilities and disability must complete this form. Such a professional may include a physician, physician's assistant, registered nurse, rehabilitation specialist, independent living counselor, social worker, psychologist, or mental health counselor.

PART 1: AUTHORIZATION (to be completed by applicant)

I hereby authorize the release of information requested on this certification for use in evaluating my eligibility for ADA Paratransit services operated by TransIT Services of Frederick County. I authorize TransIT staff to contact the professional who completed this form if clarification of information is needed, and authorize this professional to release all pertinent information.

Name of Applicant: _____

Signature: _____ Date: _____

PART 2: PROFESSIONAL VERIFICATION (to be completed by professional)

The individual named above has applied for ADA Paratransit eligibility. Eligibility for this service is limited to individuals who cannot use accessible fixed-route bus services in Frederick City because of his or her disability. This form requests your verification that the applicant has a disability that would prevent him/her from using the local bus service. TransIT staff may also contact you for additional pertinent information that the above applicant has authorized you to release.

Professional's Name: _____

Occupation/Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ (voice ____ or TDD/TTY ____)

If you have any questions about this form or about ADA Paratransit services, please call TransIT's Operations Supervisor at (301) 600-2065.

I certify that the applicant individual named above has the following disability that would prevent him/her from using the local public bus service (please describe the nature of his or her disability):

How does this disability affect this individual's ability to ride the bus service in Frederick City?

Please answer the following questions about the applicant:

	<u>Yes</u>	<u>No</u>	<u>Sometimes (Under the following conditions:)</u>
- Can he/she travel 1/4 mile (3 blocks)?	_____	_____	_____
- Can he/she travel 1/2 mile (6 blocks)?	_____	_____	_____
- Can he/she travel 3/4 mile (9 blocks)?	_____	_____	_____
- Can he/she climb three 12-inch steps?	_____	_____	_____
- Can he/she wait outside without support for 10 minutes?	_____	_____	_____
- Can he/she navigate the bus system independently?	_____	_____	_____

It is my professional opinion that this individual's disability is:

_____ Permanent _____ Temporary (expected duration: _____)

Professional's Signature: _____ Date: _____

THANK YOU. Please return the completed form to the applicant or mail to: Operations Supervisor, TransIT Services of Frederick County, 1040 Rocky Springs Road, Frederick, Maryland 21702.

TRANSIT Services of Frederick County

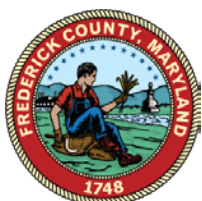
TransIT-plus Application

This application is for TransIT-plus, the shared-ride, demand response transportation service operated by TransIT Services of Frederick County for senior citizens and persons with disabilities. More information about the service is found in our TransIT-plus brochure. If certified as eligible to use TransIT-plus, you will be provided with a complete list of policies and procedures for using TransIT-plus.

This application is divided into five sections. All applicants should complete the first four sections. The last section is the Professional Certification of an applicant's disability. The professional certification is only required of individuals who are applying on the basis of their disability.

1. Section I requests general information about the applicant.
2. Section II requests eligibility information. You may qualify for TransIT-plus based on age, disability, or medical assistance.
 - If you are applying based on age (60+), you must attach a copy of a document that provides proof of your age, such as your birth certificate or a driver's license.
 - If you are applying because of disability, and you are not a senior citizen, you must provide professional certification of your disability by having your physician or other professional familiar with your disability complete Section V (last section).
3. Section III requests the kinds of assistance you require in traveling or communicating.
4. Section IV requests you to certify the information you have provided on this application.

Mail your completed application to: Operations Manager, TransIT Services of Frederick County, 1040 Rocky Springs Road, Frederick, Maryland 21702. The Operations Manager will notify you as to your eligibility for TransIT-plus within two weeks. If you have any questions or would like assistance in completing this application, please call (301) 600-2065.



SECTION I: GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: (____) _____ Work: (____) _____

Check here if you use a TDD/TTY: _____ Date of Birth: _____

Person(s) to contact in the event of an emergency:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____

Relationship to applicant: _____

SECTION II: ELIGIBILITY INFORMATION

I am eligible to use TransIT-plus because I meet one (or more) of the following criteria (please check all that apply):

_____ I am 60 years or older and submit a copy of at least one of the following as proof:

_____ Birth Certificate _____ Baptismal Certificate _____ Driver's License

_____ Marriage License _____ MVA ID Card

_____ Other (specify:) _____

and/or

_____ I have the following disability: _____

Does your disability make riding fixed-route bus service difficult for you?

No _____ Yes (please describe:) _____

Is your disability temporary? Yes _____ until _____ / _____ / _____ No _____ it is permanent.

If you are applying for TransIT-plus on the basis of your disability, be sure to have Section V completed by a physician, rehabilitation specialist, or other professional who is familiar with you, your abilities, and your disability.

SECTION III: ASSISTANCE INFORMATION

A. Mobility Assistance

Please indicate the mobility devices you use when traveling and how often.

	<u>Sometimes</u>	<u>Always</u>
Wheelchair	_____	_____
3-wheeled Scooter	_____	_____
Cane	_____	_____
Walker	_____	_____
Crutches	_____	_____
Prosthesis	_____	_____
Braces	_____	_____
Oxygen/Respirator	_____	_____
Other (specify:)_____	_____	_____

If you use a wheelchair, scooter, or similar mobility device, please list:

Manufacturer: _____ Model: _____ Power source: _____

Total combined weight of you and your wheelchair in pounds: _____

Approximate dimensions in inches: width: _____ length: _____

Would you prefer to transfer to a seat when riding TransIT-plus? _____ No _____ Yes

If yes, can you transfer without assistance? _____ No _____ Yes

Do you need the assistance of an attendant to travel? _____ No _____ Yes _____ Sometimes

If yes or sometimes, name of attendant: _____

Do you use a service animal when you travel? _____ No _____ Yes _____ Sometimes

If yes or sometimes, type of animal: _____

Training animal has received: _____

Are you able to travel from your door to the curb or driveway without assistance?

_____ Yes _____ No – If no, what type of assistance do you need? _____

B. Communication Assistance

In person, do you communicate through spoken English? _____ Yes _____ No – If no, what method(s) you use to communicate (for example, other language, American Sign Language, lip reading)? _____

If you need published information in an alternate format, please specify:

_____ Large print _____ Audiocassette _____ other (specify): _____

Do you read Braille? _____ Yes _____ No

Do you use a TDD/TTY when communicating by telephone? _____ Yes _____ No

SECTION IV: CERTIFICATION

I certify that the preceding information is true and correct. I understand that TransIT may verify this information. I understand that TransIT may use this information to arrange transportation service and may provide this information to the driver. If deemed eligible to use TransIT-plus, I agree to abide by TransIT rules and regulations.

Signature: _____ Date: _____

If this application was completed by another individual on behalf of the TransIT-plus applicant, please complete the following:

Signature: _____ Date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: Home: _____ Work: _____
Relation to applicant: _____

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**SECTION V: PROFESSIONAL CERTIFICATION**

This certification is only required for individuals requesting TransIT-plus eligibility on the basis of disability. **It is not necessary for senior citizens.** A professional who is familiar with your abilities and disability must complete this form. Such a professional may include a physician, physician's assistant, registered nurse, rehabilitation specialist, independent living counselor, social worker, psychologist, or mental health counselor.

Professional's Name: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (voice \_\_\_\_\_ or TDD \_\_\_\_\_)

I certify that the applicant individual named above has the following disability (please describe nature of his or her disability and how it affects the individual's mobility):

\_\_\_\_\_  
\_\_\_\_\_

It is my professional opinion that this individual's disability is:  
\_\_\_\_\_ Permanent \_\_\_\_\_ Temporary (expected duration: \_\_\_\_\_ )

Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_