

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 people 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.

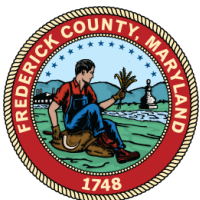
This application is divided into five sections. All applicants should complete the first four sections. The last section is the Professional Certification of an applicant's disability. The professional certification is only required of individuals who are applying on the basis of their disability.

1. Section I requests general information about the applicant.
2. Section II requests eligibility information. You may qualify for TransIT-plus based on age and/or disability.
 - 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:
Attn: TransIT-plus
TransIT Services of Frederick County
1040 Rocky Springs Road
Frederick, Maryland 21702

You may also fax your application to 301-600-3471 or email to transit@frederickcountymd.gov.

You will receive a letter of eligibility from TransIT-plus within two weeks if your application is approved. If you have any questions or would like assistance in completing this application, please call (301) 600-2065 x2.



SECTION I: GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Cell: _____ Home: _____

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

Email Address: _____

How would you like to receive service alerts for your scheduled trips?

- Phone Call Text Message Email

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	<input type="checkbox"/>	<input type="checkbox"/>
3-wheeled Scooter	<input type="checkbox"/>	<input type="checkbox"/>
Cane	<input type="checkbox"/>	<input type="checkbox"/>
Walker	<input type="checkbox"/>	<input type="checkbox"/>
Crutches	<input type="checkbox"/>	<input type="checkbox"/>
Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>
Braces	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen/Respirator	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):_____	<input type="checkbox"/>	<input type="checkbox"/>

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:_____

*Transit-plus does not provide attendants.

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 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: _____

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: _____