

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, 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.

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



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SECTION I: GENERAL INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: Home: (____) _____ Work: (____) _____
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: _____

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