



Maryland Transit Administration (MTA)
Mobility Certification Office
4201 Patterson Avenue, 2nd Floor
Baltimore, MD 21215
Phone: 410-547-2100
Fax: 410-547-2121



APPLICATION FOR PARTICIPATION IN THE MARYLAND TRANSIT ADMINISTRATION MOBILITY / PARATRANSIT PROGRAM

This information will be used to determine transportation services eligibility and may be shared with other transit service providers. The information will be kept confidential in accordance with State law. Providing false information may constitute a crime punishable by law.

After the MTA receives your completed application form, you will be notified by mail to please call 410-547-2100, Monday through Friday 8:30 a.m. to 4:30 p.m. to schedule an interview appointment. This IN-PERSON INTERVIEW is a necessary part of the application process. The IN-PERSON INTERVIEW will be held at the Maryland Transit Administration (MTA) Certification Office at 4201 Patterson Ave., 2ND Flr., Baltimore MD 21215.

The application process is complete only when the MTA receives your completed application forms and the in-person interview has been conducted. Please note that applicants may also be referred to a medical facility for a functional assessment as part of the application and certification process. If you have any questions about the application process, please call the MTA Certification Office at 410-547-2100.

**I – TO BE FILLED OUT BY THE APPLICANT
PLEASE PRINT CLEARLY. Complete ALL sections.**
Incomplete applications will be returned to
the applicant.

Section 1 – APPLICANT INFORMATION

<u>For Office Use</u>	
Date Rec'd _____	
DC _____	Itv. Date _____
Temp _____	Perm _____
PCA: Y _____	N _____
Int. C. _____	

First Name _____ **Middle Initial** _____ **Last Name** _____

Address _____ **Apt. No.** _____

City _____ **State** _____ **Zip Code** _____

Telephone: (Home) _____ **(Work)** _____

(Cell) _____ **Male** _____ **Female** _____

E-mail _____

Fax _____

Social Security Number _____ - _____ - _____ **Date of Birth** ____/____/____

Mailing Address (if different) _____

In case of emergency please contact:

Name _____

First Name _____ **Last Name** _____

Address _____

Telephone: (Home) _____ **(Work)** _____

(Cell) _____

Section 2 – DISABILITY

**Describe your disability and how you believe it limits your ability to use the Local
Bus, Metro Subway, or Light Rail services. Please be specific and explain completely.**

How long do you expect the condition described above to last? Date _____

Section 3 – TRAVEL ASSISTANCE

If you are found eligible for the MTA’s Mobility / Paratransit Program, the MTA will use the following information to plan your trip and reserve the proper vehicle for your ride.

Check below if you use any of the following:

Cane _____ Manual (standard) wheelchair _____ Crutches _____
Power wheelchair _____ Walker _____ Scooter _____
Oxygen _____ Service animal _____
Other (please describe) _____

If you use a wheelchair, can you transfer to a car with a minimal amount of help?
Yes _____ No _____

For your safety, comfort and convenience, please state the weight of your wheelchair:
_____ lbs. Length of wheelchair: _____ in.

Width of wheelchair _____ in. Your weight if over 250 pounds: _____ lbs.

Do you need a Personal Care Attendant (PCA) to assist you?

Yes _____ No _____ Sometimes _____

Are you currently certified to use any other Paratransit service, such as Medical Assistance, Social Services, Department of Aging, etc.? Yes _____ No _____ If yes, please list all:

Section 4 – FUNCTIONAL ABILITY

Please answer ALL of the following questions:

Are you physically able to:

1. Walk or use a wheelchair / scooter, etc. about 1/3 of a city block (200 feet) without help from another person? Yes _____ No _____ Sometimes _____
2. Walk or use a wheelchair / scooter, etc. about three city blocks (1/4 of a mile) without help from another person? Yes _____ No _____ Sometimes _____

3. Climb three 12- inch steps without help? Yes _____ No _____ Sometimes _____

4. Wait outside for 15 minutes for the Local Bus, Metro Subway, or Light Rail without help ?
Yes _____ No _____ Sometimes _____

5. Travel to and from your home to MTA Local Bus, Metro Subway or Light Rail Service?
Yes _____ No _____ Sometimes _____

6. Travel to and from your trip destination to the MTA Local Bus, Metro Subway or Light Rail Service. Yes _____ No _____ Sometimes _____

7. Get on and off an MTA Lift – Equipped Local Bus without help?
Yes _____ No _____ Sometimes _____

8. Use MTA fixed-route service (Local Bus, Metro Subway or Light Rail) in one direction and Mobility / Paratransit service in the other direction? (Example: travel to dialysis by the Local Bus or Rail, but return using Mobility / Paratransit Service)
Yes _____ No _____ Sometimes _____

Section 5 – VERIFICATION

I hereby certify, under the penalties of perjury, that the information given above is true and correct. I understand that the MTA will rely upon this information in making a determination as to my eligibility for participation in the program. I agree that if any of the information provided to the MTA is materially false or misleading, the MTA shall have the right to revoke or condition my right to participate in its Mobility / Paratransit Program and pursue any other right or remedy available to the MTA.

Signature _____ Date _____ / _____ / _____

Section 6 – APPLICATION ASSISTANCE

If you have completed this application for someone else seeking certification, please provide the following information:

Name _____

Address _____

City _____ State _____ Zip code _____

Daytime Telephone _____

Signature _____ Date ____/____/____

II – THE FOLLOWING SECTION IS TO BE COMPLETED BY THE APPLICANT’S PHYSICIAN OR HEALTHCARE PROFESSIONAL:

Section 7 – INSTRUCTIONS:

In deciding whether the applicant is eligible for MTA’s Mobility / Paratransit Program , the MTA will consider input from the applicant’s healthcare provider, in-person interview, and the information provided on the application.

In general, to qualify for the MTA Mobility / Paratransit Program, an individual must have a disability and be unable, as a result of a physical or a mental impairment, to board, ride or exit from any accessible MTA vehicle. The fact that the applicant’s medical condition makes using the public transit system more difficult is not a basis for eligibility for the Program. Therefore, focus your response on the functional ability of the applicant. Applicants MAY be referred to a medical facility for functional assessment as part of the certification process. If a person is Mobility/ Paratransit eligible for some trips but not others, please specify any such limitations. If an individual has a temporary medical condition, please provide information as to the duration of that medical condition.

Low income is not a factor in determining an applicant’s Mobility / Paratransit eligibility.

Please print client's name and answer all questions completely in your professional opinion. Client's name: _____:

1. Does this client have a need for curb-to-curb service?

Yes_____ No_____ Sometimes_____

2. Please specify your client's disabilities (formal diagnosis). Please describe the circumstances in which you feel the applicant would not be functionally able to use the MTA's fixed-route service (Local Bus, Metro Subway, Light Rail):

Can the client, with the assistance of a working wheelchair lift or other boarding assistance device, board, ride, and exit from an MTA vehicle?

Yes_____ No_____

4. The medical condition that prevents the applicant from using the system is expected to be: Permanent_____ Temporary_____

If temporary, please state the estimated date when the condition is expected to be resolved: _____

5. Does the applicant's medical condition make it necessary that a Personal Care Attendant (PCA), anyone designated by the individual to help meet his or her personal needs, accompany the person when using Mobility / Paratransit service.

Yes_____ No_____ If yes, please describe why:

I certify that the information I have submitted is my true and accurate medical opinion.

Printed name of physician / healthcare professional:

Physician / healthcare professional's signature

License # _____

Address

City	State	Zip Code	Telephone	Fax#
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AN IN-PERSON INTERVIEW IS REQUIRED FOR ALL MOBILITY / PARATRANSIT APPLICANTS.

Applicants who do not qualify for Mobility / Paratransit service may be eligible for reduced fare on regular fixed-route service. To appeal a Mobility / Paratransit decision, telephone the MTA Certification Office at 410-547-2100.

For more information, please call 410-547-2100 or Maryland Relay Service.

This application is available in alternate format upon request.

**PLEASE MAIL APPLICATION TO:
MTA Mobility Certification Office
4201 Patterson Avenue, 2ND Floor
Baltimore, MD 21215**