

Maryland Transit Administration (MTA) Mobility Certification Office



4201 Patterson Avenue, 2nd Floor, Baltimore, MD 21215
Phone: 410-764-8181 | Fax: 410-764-7526



II. THE FOLLOWING SECTION IS TO BE COMPLETED BY THE APPLICANT'S PHYSICIAN OR OTHER 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 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 a 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 applicant's name and answer all questions **completely** using your professional opinion.
The healthcare provider must fill out this section, not the applicant.

Applicant's Name (printed)

1. Does this client have a need for paratransit service, i.e. a door-to-door shared ride service that operates within 3/4 mile of MTA fixed-route services (Local Bus, Light Rail, Metro Subway) and requires reservations 24 hours in advance?

Yes _____ No _____ Sometimes _____ If sometimes, please explain: _____

2. How long do you anticipate this applicant needing Paratransit Service? Please check one:

3 months _____ 6 months _____ 9 months _____ 1 year _____ Normal duration (3 years) _____

3. Please specify your patient's disabilities (formal diagnosis, including DSM and ICD codes). 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): _____

4. Can the client, with the assistance of a working wheelchair lift or other boarding assistance device, board, ride, and exit from an MTA Mobility / Paratransit vehicle, i.e. cutaway bus or sedan?

Yes _____ No _____

5. If you believe that the applicant is unable to ride MTA Local Buses, Metro Subway, or Light Rail due to the medical condition(s) noted above, do you expect said condition(s) to be:

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

6. Does the applicant's medical condition make it necessary that a Personal Care Attendant (PCA), a person designated by the MTA Mobility client to help meet his or her personal needs while traveling or at their destination, accompany them 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

Signature of physician / healthcare professional

Date Signed

License # _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Fax Number _____

Applicants who do not qualify for Mobility / Paratransit service may be eligible for MTA Reduced Fare status on regular fixed-route services (Local Bus, Metro Subway, Light Rail). Please call 410-767-3441 for more information on the Reduced Fare program.

For more information about Mobility, call 410-764-8181 or Maryland Relay Service at 711.
This application is available in alternate format upon request.

PLEASE MAIL APPLICATION TO:

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