

TAXI VOUCHER PROGRAM



CONTACT US



Anne Arundel County
Department of Aging and
Disabilities

410-222-4222 (4CAB)

TTY users, please call via
Maryland Relay 7-1-1

www.aacounty.org/aging

ANNE ARUNDEL COUNTY DEPARTMENT
OF AGING AND DISABILITIES
ATTN: TAXI VOUCHER PROGRAM
2666 RIVA ROAD, 4TH FLOOR
ANNAPOLIS, MD 21401

Anne Arundel County Department
of Aging and Disabilities

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ABOUT TAXI VOUCHERS

What is the Taxi Voucher Program?

The Taxi Voucher Program provides discounted coupons to support taxi fares with participating cab companies listed in the coupon book.

Can I use the program?

You may use the program if you are:

- 65 years of age or older
- 18 years of age or older with a disability
- Existing client 55 to 64 years of age
- Anne Arundel County resident

What do I need to apply?

You will need:

- A completed application
- A completed voucher order form
- Current photo ID (Valid driver's license or identification card from the DMV)
- A completed Disability Verification Form, or SSDI or SSI Award Letter

WHY TAXI?

Using the county's participating cab companies listed in the coupon book gives you the opportunity to have access to transportation 7 days a week.

You may use taxi vouchers to get anywhere within Anne Arundel County for any reason.

COST?

- Each month you are eligible to purchase up to 10 coupon books worth \$10.00 each.
- Your cost is \$5.00 each.
- Example:
 - 3 coupon books = \$15.00
 - Total voucher amount = \$30.00
- You do not need to furnish proof of income.

APPLICATION

First Name: _____

Last Name: _____

Address: _____

Phone #: _____

Date of birth: _____

Please check if applicable:

Older adult _____

Individual with a disability _____

Ambulatory _____

Non-ambulatory _____

OPTIONAL:

Gender: Male Female

Marital Status:

Married Single

Divorced Separated

Widowed

Race:

American Indian Alaskan Native

Asian Pacific Black (not Hispanic)

Hispanic White (not Hispanic)

*Please be sure to attach your Disability Verification Form, or SSDI or SSI Award Letter.

*I understand that this information is confidential and will be used only to determine my eligibility for the Taxi Voucher Service. I certify that all information on this form is true and correct.

Signature: _____

Date: _____