



## OFFICE OF TRANSPORTATION General Para-Transit Application

**DEAR APPLICANT:**

**PLEASE NOTE:** This is a **“CURB TO CURB”** transport service. It does **NOT** include assistance getting to and from the transport vehicle.

- This information will be used to determine your eligibility to participate in the transportation services, as provided by the Anne Arundel County Office of Transportation.
- This information will be kept confidential in accordance with the Maryland State law.
- Providing any false or misleading information may constitute as a crime punishable by law and an automatic disqualification for transportation.
- The application procedure is considered completed once the Anne Arundel County Office of Transportation has finished its review and determined your eligibility. During this process, Anne Arundel County may agree to provide you with transportation, for an initial period, but not to exceed twenty-one (21) days. Once your completed application is received, you will be notified in writing of your ability to participate in the program.

### **INSTRUCTIONS:**

- **This form is to be filled out by the applicant - (IF Possible).**
- **Please PRINT Clearly and remember to SIGN in Section 5.**
- **IF applicable, and you received help or assistance in doing this application, they should fill out Section 6 and Sign as well.**
- **Complete ALL sections. An incomplete application will be returned.**
- **You MUST INCLUDE a “COPY” of a CURRENT (AND) VALID PHOTO I.D. - (Either A Maryland Driver’s License (or) an Identification Card from the Department of Motor Vehicles).**

**For Office Use Only**

Date Rec'd \_\_\_\_\_  
Temp. \_\_\_\_\_ Perm. \_\_\_\_\_  
Reviewer: \_\_\_\_\_

**SECTION 1 – APPLICANT INFORMATION:**

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First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ APT/UNIT No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender (Circle One): Male Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address (If different from the Residential Address):

Address: \_\_\_\_\_ APT/UNIT No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT:

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First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ APT/UNIT No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

**SECTION 2 - ABILITY OR PHYSICAL LIMITATIONS:**

Please describe your physical ability and/or limitations, including any disability which limits your mobility:

\_\_\_\_\_

Long term (or) short term limitation (s): \_\_\_\_\_

If this is a short term limitation, what is the expected duration? \_\_\_\_\_

**SECTION 3 – TRAVEL ASSISTANCE:**

Please check if you have any of the following needs:

\_\_\_ Cane                      \_\_\_ Crutches                      \_\_\_ Manual (standard) Wheelchair

\_\_\_ Power Wheelchair      \_\_\_ Walker                      \_\_\_ Scooter

\_\_\_ Oxygen                      \_\_\_ Service Animal                      \_\_\_ Other: \_\_\_\_\_

\_\_\_ NONE of the Above

Are you able to get to and from your house (and) to the curb without assistance? \_\_\_\_\_

If you use a wheelchair:

Can you transfer to a car without minimal amount of help?    YES \_\_\_    NO \_\_\_

What is the approximate weight of your wheelchair? \_\_\_\_\_ Lbs.

What is the approximate width of your wheelchair? \_\_\_\_\_ Ft.

Do you need a personal care attendant to assist you? \_\_\_\_\_

\_\_\_\_\_

Are you currently certified to use any other transit services such as; Medical Assistance, Social Services, MTA Paratransit Service, etc.? \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, please list all that apply:

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4 – FUNCTIONAL ABILITY:**

Please Answer ALL of the following questions:

Are you physically able to do these things:

1. Walk or use a wheelchair/scooter for 200 feet? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_
2. Climb three 12-inch steps without help? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_
3. Wait outside for up to 15 minutes? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_
4. Travel to/from your home (or to) where the transit van meets you? (Such as the curb – **NOTE:** This will (NOT) be your driveway): Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_  
\_\_\_\_\_
5. Can you return to your residence from the drop-off point without any assistance?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_
6. If you obtain any parcels during your trip (such as groceries, etc.) are you able to return to your home without any assistance for yourself or help with the parcels?  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 5 – VERIFICATION:**

I, HEREBY CERTIFY that under the penalties of perjury, that the aforesaid information given is true and correct. I understand that the Anne Arundel County Office of Transportation will rely upon this information, while making a final determination, as to my eligibility for participation in this program. I further acknowledge and understand, that if any of the information provided to the Anne Arundel County Office of Transportation is either false or misleading, that the Anne Arundel County Office of Transportation has the right to revoke any transportation privileges, and/or, make further conditions upon me, either for, or against me, regarding participation in the Transportation program.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SECTION 6 – APPLICATION ASSISTANCE:**

If you have completed this application on behalf of someone else, or have assisted the applicant in completing this application, please provide your contact information: (PLEASE PRINT):

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First Name	Middle Initial	Last Name
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Address: \_\_\_\_\_ Apt. /Unit No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work/Cell \_\_\_\_\_

Your Email Address: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**PLEASE MAIL THE COMPLETED INFORMATION TO:**

**ANNE ARUNDEL COUNTY  
OFFICE OF TRANSPORTATION  
7409 Baltimore Annapolis Blvd.  
Glen Burnie, Maryland 21061  
410-222-0022 (OR) 410-222-0225**

**OR EMAIL TO:**

[trbrys32@aacounty.org](mailto:trbrys32@aacounty.org)  
[trdavi99@aacounty.org](mailto:trdavi99@aacounty.org)  
[transportation@aacounty.org](mailto:transportation@aacounty.org)