

Easy Travel Access Program Order Form: **Taxi Voucher**



Please mail completed order form and payment to:

Easy Travel Access (ETA) Program
Department of Aging and Disabilities
2666 Riva Road, Ste. 400, Annapolis, MD 21401

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Participant Responsibility and Liability:

- ☐ I understand and agree that I am voluntarily participating in the Easy Travel Access (ETA) Program through purchasing vouchers to use for the Taxi Voucher or Rides On Demand option.
- ☐ I understand that I am personally responsible for scheduling my own trips and paying for all trips scheduled.
- ☐ I agree that I will adhere to all of the requirements set forth by the Rides On Demand service providers and the Anne Arundel County Department of Aging and Disabilities.

I agree to indemnify and hold harmless the Anne Arundel County Department of Aging and Disabilities ETA Program, Anne Arundel County, MD and any and all employees, agents or representatives of the same, from damages to property, injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits, and actions by any party against the AACO Dept. of Aging and Disabilities ETA Programs, Anne Arundel County, MD and any and all employees, agents or representatives of the same, in connection with the ETA Program.

Signature: _____ Date: _____

Signature Required

Anne Arundel County Easy Travel Access Order - *Each month you are eligible to purchase (separately or combined) a maximum total of Easy Travel Access Vouchers valued at \$150.00.

Taxi Vouchers Requested:	Book Cost What you pay.	Voucher's Total Value What it's worth.	Taxi Vouchers Requested:	Book Cost What you pay.	Voucher's Total Value What it's worth.
Check the box to make your selection.			<input type="checkbox"/> 8	\$40.00	\$80.00
<input type="checkbox"/> 1	\$5.00	\$10.00	<input type="checkbox"/> 9	\$45.00	\$90.00
<input type="checkbox"/> 2	\$10.00	\$20.00	<input type="checkbox"/> 10	\$50.00	\$100.00
<input type="checkbox"/> 3	\$15.00	\$30.00	<input type="checkbox"/> 11	\$55.00	\$110.00
<input type="checkbox"/> 4	\$20.00	\$40.00	<input type="checkbox"/> 12	\$60.00	\$120.00
<input type="checkbox"/> 5	\$25.00	\$50.00	<input type="checkbox"/> 13	\$65.00	\$130.00
<input type="checkbox"/> 6	\$30.00	\$60.00	<input type="checkbox"/> 14	\$70.00	\$140.00
<input type="checkbox"/> 7	\$35.00	\$70.00	<input type="checkbox"/> 15	\$75.00	\$150.00

Please make a check or money order payable to: **Anne Arundel County**

I am enclosing (write in amount): \$ _____ (check) \$ _____ (money order)

DATE SENT: _____ For month(s) _____	FOR OFFICE USE ONLY
DATE RECEIVED: _____ BOOK #s _____	SHEETS <input type="checkbox"/> Apricot <input type="checkbox"/>