

TRANSIT Services of Frederick County

Application for Reduced Fare Identification Card

SECTION I: GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone _____ Cell Phone: _____

Email Address: _____

Date of Birth: ____/____/____

SECTION II: ELIGIBILITY INFORMATION

Military Veteran* _____

Please provide a copy of one of the following for verification.

Active Duty I.D.

Military Retiree I.D. Card (DD Form 2 (Retired) (if applicable))

Veteran I.D.

Certificate of Release or Discharge from Active Duty (DD Form 214)

Other Military ID (subject to verification)

*Please continue to page 3.

Disability _____

Please provide nature and duration of your disability and professional verification of your disability on Part 2 page 3 from a physician, rehabilitation specialist, or other professional who is familiar with you and your disability.

Please submit a color photograph which will be used to make your photo ID card. This recent photo may not be a copy of your drivers license, passport or other government, state issue ID card. This photo will not be returned.

Please allow 2-3 weeks for processing.

SECTION III: ASSISTANCE INFORMATION

If you use a wheelchair, scooter, or similar mobility device, please list:

Power Source: _____

Total combined weight of you and your wheelchair in pounds: _____

Approximate dimensions in inches: Width: _____ Length: _____



Do you need any assistance in order to ride fixed-route transit? ___ No ___ Yes
Please describe: _____

Do you need the assistance of an attendant to travel? ___ No ___ Yes ___ Sometimes
If yes or sometimes, name of attendant: _____
*Transit-plus does not provide attendants

Do you use a service animal when you travel? ___ No ___ Yes ___ Sometimes
If yes or sometimes, type of animal: _____
Training animal has received: _____

If you need published information in an alternate format, please specify:
___ Large Print ___ Other (Specify): _____

Do you read Braille? ___ Yes ___ No

Do you use TDD/TYY? ___ Yes ___ No

In person, do you communicate through spoken English? ___ Yes ___ No

If no, what method(s) you use to communicate (for example, other language, American Sign Language, lip reading)? _____

SECTION IV: CERTIFICATION

I certify that the above information is true and correct. I understand that TransIT may verify or contact the professional who provided documentation of my disability to verify the documentation. I agree to abide by TransIT rules and regulations.

Signature: _____ Date: _____

If this application was completed by another individual on behalf of the Reduced-fare applicant, please complete the following:

Signature: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: (____) _____ Work: (____) _____

Relation to Applicant: _____



TRANSIT Services of Frederick County

Professional Verification of Disability for Reduced Fare Eligibility

PART 1: TO BE COMPLETED BY THE APPLICANT

I hereby authorize the release of information requested on the following certification so that I may qualify for a reduced fare on the fixed-route service operated by TransIT Services of Frederick County. I authorize TransIT staff to contact the professional who completed this form if clarification of information is needed.

Name of Applicant: _____

Signature: _____ Date: _____

PART 2: TO BE COMPLETED BY THE MEDICAL PROFESSIONAL ONLY:

The individual named above has applied for reduced fare eligibility on TransIT's fixed-route service on the basis of his or her disability. This form requests your certification that the applicant does have a disability.

Professional's Name: _____

Occupation/Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ (Voice ____ or TDD ____)

I certify that the applicant individual named above has the following disability (please describe nature of his or her disability):

It is my professional opinion that this individual's disability is:

____ Permanent ____ Temporary (Expected duration: _____)

Medical Professional's Signature: _____ Date: _____

Mail application and appropriate documentation to the TransIT Services of Frederick County, 1040 Rocky Springs Road, Frederick, Maryland 21702 or fax 301-600-3471 or via email at transit@frederickcountymd.gov. For questions contact TransIT at 301-600-2065, Monday-Friday 8 am-5pm, excluding County holidays. TTY users dial Maryland Relay at 711.

