

Office Use only:

Customer ID #

Application Rec'd Date _____ Initials _____

ADA Approved _____ Senior Approved _____ Denied _____ Letter mailed - Date _____ Initials _____

Temporally Approved _____ From Date _____ To Date _____

Alltrans Program Eligibility Application

Sections 1 through 5 are to be completed by the Applicant. Please type or print clearly. Incomplete applications will be returned to the Applicant.

Please mail the completed application to the following Address:

Allegany County Transit,
1000 Lafayette Avenue,
Cumberland, Maryland 21502

If you have questions, please call 301-722-6360. Physicians may fax documents to:
301-722-0326 or email scanned applications to transit@alleganygov.org

Section 1 - Applicant Information:

First Name _____ Middle Initial _____ Last Name _____ D.O.B. ____/____/____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Home Telephone _____ Cell _____ Email _____

In Case of Emergency, Please Contact:

Name _____ Phone _____

(Sections 2 and 3, please fill out and check all that apply.) Senior applicants only need sections 1,2, 4, and 5.

Section 2 - Senior Citizen - If you are 65 or older, you do not need Sections 7 and 8 by a physician.

I am 65 years or older - Yes _____

(Please submit a copy of the following as proof of age.)

____ Driver's License ____ MVA ID Card ____ Medicare Card ____ Other

Section 3 – Disability: (For disability, please check below and continue to Sections 4, 5, 7, and 8)

____ I am disabled. Your healthcare provider should fill out sections 7 and 8.

What is the nature of your disability, and how does it limit your ability to use Allegany County Transit's fixed route accessible bus system? Please be specific.

Please complete the remaining application and have your medical professional complete the Functional Assessment in Section 4.

Section 4 - Travel Assistance

If you are eligible for Alltrans Paratransit Program, the following information is used to plan your trip correctly.

Please check any of the following mobility aids that you use.

Manual Wheelchair Electric Wheelchair (Small, Large, or Extra Large) _____

Power Scooter (Small or Large) _____ Cane Crutches

Foldable Walker Non-Foldable Walker Guide Dog

Personal Care Attendant (PCA) – *(Someone who travels with you to assist you.)*

Do you use portable oxygen? Yes No

Section 5 – Applicant Signature

I certify that the information above is true and correct under the penalties of perjury. I understand that ACT will rely upon this information to decide my program participation eligibility. I agree that if any of the information provided to ACT is materially false or misleading, ACT shall have the right to revoke my privilege to participate in its Alltrans (paratransit) program. I agree to abide by ACT's policies and procedures.

I further authorize the release of any personal or medical information to appropriate parties necessary in determining eligibility.

Signature of Applicant _____ Date _____

Section 6 – Other Preparer

If someone other than the Applicant completed this form, please complete the following.

Name _____ Phone _____ Date ____/____/____

Relationship to Applicant _____ Address _____

Signature _____ Date _____

Section 7 – ADA ELIGIBILITY - TO BE COMPLETED BY A PHYSICIAN OR HEALTHCARE PROFESSIONAL.

Please read this information thoroughly. And please focus your response on the functional ability of the Applicant. Under the Americans with Disabilities Act (ADA), if a person has the functional capability to use public bus transportation (Allegany County Transit Fixed-Route Bus System), that person is NOT eligible for paratransit services. In addition, if a person has a temporary condition, please provide information on the duration of that medical condition and the need for paratransit services.

The ADA defines a very narrow population entitled to this type of service. That population is individuals who are FUNCTIONALLY unable to use a regular bus, including those whose disability or limitation prevents their independent use of a regular bus because of mental, cognitive, or physical impairment. A prognosis of a potentially limiting illness or condition is not sufficient. A disability alone is not enough if that disability or some capacity of that disability prevents this person from using a lift-equipped regular bus. ALL Allegany County Transit passenger vehicles are lift-equipped. The lift can be used for all mobility devices and persons who cannot use steps. ACT also offers a transport wheelchair for those who cannot navigate the steps for riding the lift to enter or exit the bus.

The ADA defines three (3) categories for eligible individuals:

1. Any individual who, as the result of a physical or mental disability, cannot board, ride or disembark from any accessible vehicle in the fixed route system without the assistance of another individual. This individual is unable to navigate the system independently.
2. Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device; however, no accessible vehicle is available on the fixed route system at that time. **All Allegany County Transit fixed-route vehicles are accessible. Therefore #2 does not apply.**
3. Any individual with a specific disability-related condition. If their disability prevents them from getting to and from boarding or disembarking locations associated with the fixed route. The individual cannot get to or from his transit stop or station because of his disability, or their disability prevents them from negotiating environmental barriers.

NOTE: This service costs the customer more than a fixed-route bus. Inconvenience or discomfort are NOT factors in determining an applicant's eligibility.

Allegany County Transit will consider input from the Applicant's healthcare provider and all other information in deciding whether an applicant is eligible for the program.

Section 8 – Physician or Healthcare Professional

Please print the client's name and complete the Task Assessment Questionnaire.

Clients Name _____

Capacity in which you know this Applicant _____

Please explain why this Applicant cannot functionally - get to a bus stop, board, disembark, or ride on regular public transportation that is wheelchair accessible and lift-equipped. The lift can be used for customers with mobility devices or standees who cannot use stairs to board the bus. Paratransit is for those who cannot physically access regular public transportation buses.

PHYSICIANS TASK ASSESSMENT QUESTIONNAIRE

Please select the appropriate response.

Can this individual:

Use a wheelchair lift to board, ride, or exit a city bus? Yes _____ No _____

Independently get to and from a bus stop? Yes _____ No _____

Get to and from a bus stop with assistance? Yes _____ No _____

Identify a correct bus stop or transfer point? Yes _____ No _____

Read signs, or ask for and follow directions? Yes _____ No _____

Wait fifteen (15) minutes outside for a bus to arrive? Yes _____ No _____

Climb three (3) 12-inch steps using a handrail? Yes _____ No _____

Hold a handrail while standing to ride a moving lift? Yes _____ No _____

The medical condition which prevents this Applicant from using a regular Fixed-Route Bus should be considered: (PLEASE CHECK ONE BELOW.)

Conditional assistance – Customer needs paratransit for certain trips

Unconditional assistance - Customer needs paratransit for all trips.

Temporary assistance – Customer needs paratransit for a limited time. Amount of time _____ months

I certify that the submitted information is my true and accurate medical opinion.

Printed Name of Physician or Healthcare professional _____

Signature _____ **Date** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Telephone _____ **Fax** _____ **Email** _____

Thank you for helping us serve our customers.

General Client Information

Keep for your information

Application for ALLTRANS – ADA Paratransit Service Certification

The Federal Americans with Disabilities Act (ADA) requires comparable public transportation services for persons with disabilities who are unable, because of their disability, to use a regular fixed route service.

If you believe you have a disability that prevents you from using a regular Allegany County Transit bus, please complete this application and return it to the address below. You may be approved for all or specified trips if you are eligible. It is important to note that all parts of this application must be completed, including the sections required by the Health Care Professional. You, as an applicant, are responsible for completing this eligibility application.

ACT will notify you within 21 days of receiving your completed application regarding your eligibility for ADA Paratransit Service. Copies of this application are available in accessible formats upon request.

Note: There is a flat rate charge of \$3.00 for each direction for all Alltrans paratransit trips.

A discounted pass is available for \$30 worth of rides. The punch card is valid on Alltrans and Fixed Route buses and has no expiration date.

A Low-income card is available for our regular Fixed Route Public Transportation:

Call 301-722-6360 to apply for a half-fare bus card if you can use a regular Allegany County Transit bus.

Send completed application to:

Allegany County Transit
1000 Lafayette Ave.
Cumberland, MD 21502

Fax Number: 301-722-0326

If you have any questions, please call Allegany County Transit at 301 722-6360.

Thank you