

## Maryland Transit Administration (MTA) Mobility Certification Office



4201 Patterson Avenue, 2nd Floor, Baltimore, MD 21215

Phone: 410-764-8181



### APPLICATION FOR PARTICIPATION IN THE MARYLAND TRANSIT ADMINISTRATION MOBILITY / PARATRANSIT PROGRAM

This information will be used to determine eligibility for MTA's Mobility program and may be shared with other transit providers or State entities. The information will be kept confidential in accordance with state law. The failure to provide the requested information may result in the denial of eligibility. Providing false information on this application may constitute a crime punishable under law.

#### **Directions**

Fill out Part A of the application. Be sure to answer all questions as completely and specifically as you can. This information will be used to determine your eligibility for MTA Mobility services.

Part B of this application should be filled out by a healthcare professional. The healthcare professional who knows the most about the disability that most prevents you from using the public transit systems (bus, light rail, metro), should complete the form. The healthcare professional must sign Part B of the form and include his or her license number and type of license.

Once you and your healthcare professional have completed the application, MTA requires an in-person interview. To obtain an appointment, call MTA Mobility at 410-764-8181. Follow the telephone prompt menu and select Certification. The MTA Certification Office is open from 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding State holidays. Once you reach an agent, an appointment for your in-person interview will be scheduled.

This in-person interview is a required part of the application. In-person interviews are held at the Mobility Certification Office at 4201 Patterson Ave, 2<sup>nd</sup> Floor, Baltimore, Maryland 21215. You may be asked to participate in a functional assessment to help determine your abilities. Functional assessments are performed by independent, qualified medical personnel under contract to the MTA. If you are asked to do a functional assessment, it may be conducted at the facility of MTA's contractor or at the Mobility Certification Office. Transportation will be provided for the assessment.

**You must bring your completed application with you to the interview. MTA does not accept missing, incomplete or faxed applications, and will not conduct the interview if the application is not complete.** If you bring in an incomplete application, a new appointment will need to be made and the determination of your eligibility and your service will be delayed.

After the interview and/or functional assessment, MTA will determine your eligibility. If you are deemed eligible, MTA will provide you with a card as proof of your eligibility for Mobility services. The card may be given to you at the time of the interview or mailed to you after the interview.

Taxi Access II is a separate program from MTA Mobility that offers Mobility customers additional transportation options. Extensions of eligibility for Taxi Access II are not available for any reason. If your Taxi Access II card has expired, you must renew your Mobility card and wait for your new Taxi Access II card to be mailed to you.

If you are NOT a current Taxi Access II customer, but you do wish to have Taxi Access II services, more information will be available to you at the interview.

**PART A: APPLICANT INFORMATION (PLEASE PRINT)**

Date \_\_\_\_\_

**MTA Mobility Services.** Please check one:

Re-certification Application  Mobility ID# \_\_\_\_\_ First Application

**Taxi Access II.** Are you interested in Taxi Access II service?

Yes-renewing Taxi Access II  Yes –new Taxi Access II  No-not interested in taxi

The MTA Taxi Access program is a premium service that is not part of the complementary paratransit service provided by MTA pursuant to federal law. The Taxi Access program is a transportation option available to Mobility eligible customers. Participation in Taxi Access does not affect eligibility for MTA Mobility.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

Home Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Email Address for correspondence (Optional): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number:( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name of subdivision or apartment complex: \_\_\_\_\_

Nearest major intersecting street: \_\_\_\_\_

Nearest cross street to your residence: \_\_\_\_\_

List the Medical Names of Your Disabilities or Medical Conditions	Is the Condition Permanent?	Duration of Condition	
		Beginning Date	Ending

1. Please describe how your physical or mental condition(s) limit your ability to access the bus stops or stations; ride the bus, metro/subway, light rail, or train; or transfer to another regular bus, metro/subway, light rail, or train. Please be specific.

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2. Do you have a **Cognitive Disability**? (Have you ever been diagnosed with Traumatic/ Non-Traumatic Brain Injury, Developmental Disability, Borderline Intelligence, Down’s syndrome, Autism, etc.?)

Yes  No  If yes, please state the disability and explain how it affects you.

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3. Do you experience any of the following? Please check all that apply:

Panic Attacks	<input type="checkbox"/>	Easily Wander Off	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	Seizures	<input type="checkbox"/>
Hallucinations	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>
Delusions	<input type="checkbox"/>	Short Term Memory Loss	<input type="checkbox"/>
Paranoia	<input type="checkbox"/>	Long Term Memory Loss	<input type="checkbox"/>
Confusion	<input type="checkbox"/>	Cannot Identify Pictures	<input type="checkbox"/>
Hear Voices	<input type="checkbox"/>	Cannot Read or Write	<input type="checkbox"/>
Easily Taken Advantage of by Others	<input type="checkbox"/>	Difficulty Understanding Written or Verbal Instructions	<input type="checkbox"/>

4. If you experience **Seizures**, please check all that apply and answer the following questions:

4a. Which type of seizures do you have?

Grand Mal  Petit Mal/absence  Temporal Lobe  Epileptic  \_\_\_\_\_

4b. When having a seizure, I: (Please check all that apply)

Am Difficult to Arouse  Black Out  Fall Asleep  Fall Down  
 Need Immediate Medical Attention  Stare Blankly into Space

4c. How often do your seizures occur? \_\_\_\_\_

When was your most recent seizure? \_\_\_\_\_

4d. Are you currently taking medication to control seizures? Yes  No

5. Are you currently taking prescribed **medications** that will, by themselves, affect your ability to ride the buses and/or trains? Yes  No

Please explain \_\_\_\_\_

6. Do you have a **Visual Impairment** (to include Blindness)? Yes  No

If yes, please check all that apply:

- I wear contacts or glasses.
- I can recognize my stop if announcements are made.
- I am legally blind and cannot distinguish my appropriate stop, disembark, and navigate the route to my destination. I do not use a guide dog or other service animal, or any assistive device.
- I use a guide dog or other service animal, but I need paratransit to get to/from destinations that I cannot safely travel to on the route.
- I can easily hear and recognize environmental sounds that help me to determine the traffic flow patterns.
- I cannot easily hear environmental sounds that help me to determine traffic flow.
- I cannot always get out of the roadway before the traffic signal changes.
- I require a sighted guide to assist me with the following tasks: \_\_\_\_\_

7. Do you have a **Mental/Psychological Disability**? (Have you ever been diagnosed with Bipolar Disorder, Schizophrenia, Anxiety Disorder, Paranoia, etc.?) Yes  No  If yes, please state the disability and explain how it affects you.

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8. Are there any other physical or mental disabilities that affect your **FUNCTIONAL ABILITY** to ride the regular fixed route, accessible bus and transit service? (Example: difficulty with getting to the bus, waiting at the stop for the correct bus, boarding the bus, knowing when you get to your stop, and notifying the driver that you need to get off.) Yes  No  If yes, please explain.

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9. Can you wait 20 minutes at an MTA bus stop or station that **DOES NOT** have seats? Yes  No  If no, please explain.

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10. Can you wait 20 minutes at an MTA bus stop or station that **DOES** have seats and a shelter? Yes  No  If no, please explain.

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11. Can you wait 20 minutes at a bus stop or station unassisted? Yes  No  If no, please explain.

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12. How far can you walk without the assistance of another person? Please check.

- Less than one block
- 1-2 blocks
- 3-4 blocks
- 5-6 blocks
- Over 6 blocks
- I don't know

13. Do you require a ramp or lift in order to board/exit the bus? Yes  No

14. Do you use a mobility device to travel? Yes  No  Please check all that apply.

- White Cane
- Standard Cane
- Manual Wheelchair
- Respirator/Oxygen
- Orthopedic Cane (three or four prong base)
- Walker
- Motorized Wheelchair
- Service/Guide Animal Describe: \_\_\_\_\_
- Braces
- Scooter
- Crutches

15. Do you require a personal care assistant (PCA) to travel with you to provide transportation assistance? Yes  No  If yes, please explain the specific assistance you require.

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16. How do you travel now? Please check all that apply.

- Wheelchair/scooter
- Passenger in someone else's car
- Regular fixed route bus, metro, light rail
- Mobility paratransit
- Walk
- Other van service
- Currently have no means of travel
- Drive myself

17. Have you ever ridden a regular fixed route, accessible bus? Yes  No

If yes, when was the last time you rode a, regular fixed route accessible bus or transit service?

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18. Have you stopped using the regular fixed route, accessible bus or transit service? Yes  No

If yes, please explain \_\_\_\_\_

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19. Do you feel that you could ride the regular fixed route, accessible bus or transit service if the paratransit van could get you to/from an accessible bus stop? Yes  No  If no, please explain.

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20. Please check all that apply to you:

- I am able to board, ride, and exit a regular fixed route, accessible bus.
- I can cross the street.
- I can step on and off the sidewalk.
- I can stand on a moving bus, holding the handrail, if no seat is available.
- I can use a telephone to get bus schedule information.
- I can find my way to the bus stop after being shown where it is based.
- I can transfer to another bus or train after being shown where it is based.
- I can hear and understand the automatic announcement system on the bus.
- I need assistance understanding and navigating the fixed route system.
- I do not have the stamina to travel long distances.

21. Is there anything else you wish to tell us about your ability to travel outside your home?

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I hereby certify, under the penalties of perjury, that the information submitted is true and correct. I understand

that providing any false information on this application may constitute a crime punishable under the law. I understand that the MTA will rely upon this information in making a determination as to my eligibility for participation in this program.

I understand that I am required to participate in an in-person interview as part of this application, and that I may also be required to participate in a functional assessment. I further authorize the release of any personal or medical information to appropriate parties that is necessary in the determination of my eligibility for Mobility / Paratransit Services.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a person other than the applicant has completed this form, please check one:

I certify that the information provided in this application is true and correct based upon the **information given to me by the applicant**. I helped fill out the form.

I certify that the information provided in this application is true and correct based upon **my own knowledge** of the applicant's health condition or disability.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Telephone: \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

**PLEASE READ THIS APPLICATION AGAIN. ANSWER AND EXPLAIN EVERY QUESTION THAT APPLIES TO YOUR CONDITION TO THE BEST OF YOUR ABILITY AND INCLUDE ADDITIONAL INFORMATION IF NEEDED.**

**FAILURE TO DO SO WILL DELAY A DETERMINATION OF ELIGIBILITY.**

**WE WILL PROCESS YOUR APPLICATION ONLY WHEN IT IS COMPLETE.**

PLEASE BRING ORIGINAL APPLICATION

## Maryland Transit Administration (MTA) Mobility Certification Office



4201 Patterson Avenue, 2nd Floor, Baltimore, MD 21215

Phone: 410-764-8181



### PART B: LICENSED PROFESSIONAL VERIFICATION

Dear Licensed Professional:

The Americans with Disabilities Act (ADA) of 1990 is a civil rights bill prohibiting discrimination against people with disabilities. In accordance with the Act, MTA offers an origin-to-destination bus service for those who cannot use the regular fixed-route buses.

Passengers must be certified eligible in order to use the origin-to-destination bus service. Applicants may be found eligible for this bus service for some trip requests but not for all trips they request. Eligibility is based upon a functional inability to use the regular transit service, due to a disability or disabling medical condition.

All regular fixed-route buses are equipped with a ramp or lift for people who use a wheelchair or cannot climb stairs.

To qualify for the MTA Mobility / Paratransit Program, an individual must have a disability and be unable, as a result of a physical or mental impairment, to board, ride or exit from any accessible MTA vehicle. A disability that prevents the person from navigating the system also qualifies. A disability that prevents a person from traveling to/from bus stops or subway and rail stations also qualifies. The fact that the applicant's medical condition makes using the public transit system more difficult is not a basis for eligibility for the program. Applicants may be referred to a medical provider for a functional assessment as part of the certification process.

The safety-net public-transit system, provided by the ADA, is origin-to-destination paratransit service, locally called Mobility. Income is not a factor in determining an applicant's Mobility / Paratransit eligibility. This is a shared-ride service that provides trips to/from addresses that are within  $\frac{3}{4}$  of MTA fixed-route services (local bus, metro subway, and light rail). It requires reservations ahead of time. Direct trips are unusual. The current fare is \$1.85 per trip (each way). Rides take about the same amount of time as do rides on the fixed-route services.

The information you provide, along with the applicant's information, and information from other sources, will enable us to make an appropriate determination. All information will be kept confidential.

Thank you for your assistance.

*MTA Mobility Certification*



**PART B. THE FOLLOWING SECTION IS TO BE COMPLETED BY THE APPLICANT'S PHYSICIAN OR OTHER HEALTHCARE PROFESSIONAL:**

\_\_\_\_\_  
**Applicant's Name (printed)**

\_\_\_\_\_  
**Date Of Birth**

**The customer must BRING this form, completed and signed, with him/her to the appointment at MTA Mobility Certification. You MAY put it in a sealed envelope, with your official logo & return address, at your discretion. You do not need to fax or mail this form to MTA Mobility.**

**PART B: INSTRUCTIONS**

In deciding whether the applicant is eligible for MTA's Mobility / Paratransit Program, the MTA will consider input from the applicant's healthcare professional, in-person interview, and the information provided on the application.

Please focus your response on the **functional ability of the applicant**. If a person is Mobility/ Paratransit eligible for some trips but not others, please specify any such limitations.

Please print applicant's name and answer all questions **completely** using your professional opinion. **The healthcare provider must fill out this section, not the applicant.**

**1. When this person uses the public transit system, will he/she be successful at using the REGULAR fixed-route public transit system, meaning MTA local bus, metro subway, or light rail, independently?**

YES-can use fixed-route  SOMETIMES  NO-prevented from using fixed-route

**2. Why would this person be prevented from using regular, fixed-route public transit services?**

<b>Chemotherapy/Radiation</b>		<b>Impaired Vision</b>	
<b>Chronic Pain</b>		<b>Intellectual Functioning</b>	
<b>Dialysis Treatment</b>		<b>Limited Standing</b>	
<b>Fatigue/Exhaustion</b>		<b>Limited Walking</b>	
<b>Impaired Gait</b>		<b>Recent Seizures</b>	
<b>Impaired Memory</b>		<b>Uses a Wheelchair</b>	
<b>OTHER:</b>			

**3. If you believe that the person is unable to ride MTA Local Buses, Metro Subway, or Light Rail due to the medical condition, how long do you expect the limitation to last?**

**3 months**  **6 months**  **9 months**  **1 year**  **3 years**

**4. Please specify your patient's disabilities (formal diagnosis, including DSM and ICD codes). Without this information, your client will NOT be found eligible to ride on paratransit. Please list all disabilities, diagnoses and/or injuries that affect this person's ability to use public transit.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



5. **5a. Can the person, with the assistance of a working wheelchair lift or other boarding assistance device, board, ride, and exit from an MTA Mobility / Paratransit cutaway bus?**

Yes  No

**5b. Can he/she board, ride, and exit from an MTA Mobility / Paratransit sedan?**

Yes  No  Note: MTA is unable to provide sedan-only service to any customer.

**5c. Can he/she, with the assistance of an extending ramp, board, ride, and exit from an SUV-type vehicle?**

Yes  No

6. **Does the person's medical condition/disability make it necessary that a Personal Care Attendant (PCA) accompany them when travelling with Mobility?** A PCA is a person designated by the MTA Mobility client to help meet his or her personal needs while traveling or at their destination.

Yes  No

If yes, please describe why. Or, what tasks will the PCA assist the client with?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **How long has this client been your patient?** Or, how long have you known this person? \_\_\_\_\_

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

\_\_\_\_\_  
Printed name of physician / healthcare professional

\_\_\_\_\_  
Signature of physician / healthcare professional

\_\_\_\_\_  
Date Signed

Type of Medical license, professional certification, or degree held: \_\_\_\_\_

License Number: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax number \_\_\_\_\_

**Applicants who do not qualify for Mobility / Paratransit service may be eligible for MTA Reduced Fare status on regular fixed-route services (Local Bus, Metro Subway, Light Rail).**

Please call 410-767-3441 for more information on the Reduced Fare program.

**CALL MTA MOBILITY at 410-764-8181 when your form is completed.**

**Ask to set up an appointment. Please do not mail or fax this application - bring it with you.**

For more information about Mobility, call 410-764-8181 or Maryland Relay Service at 711.

This application is available in alternate format upon request

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