

Demand & Response Service Application and Reduced Fare Application (for fixed routes)

There are several types of public transportation available throughout the State of Maryland, depending on the county in which you reside. We are pleased to inform you that Carroll County through the cooperation of The Board of Commissioners of Carroll County, MD offers citizens a Fixed Route System and Demand & Response within Carroll County.

Fixed Route Service: Bus service has designated bus stops along specific routes on set schedules. All buses now have features to make riding easier for people with disabilities, including wheelchair lifts and voice announcements. For Fixed Route schedules and maps please see this website: www.CarrollTransitSystem.com

Demand & Response Service: Door-to-Door shared ride public transportation service for people whose disability and/or residential location prevents them from using Fixed Route Service. On an individual, case-by-case basis, Carroll County public transit will assist riders beyond the curb when riders need such assistance to travel from their origin to their destination. You must call in advance to make a reservation to travel. We also created a Riders Guide to help you understand how to ride the Carroll County public transit system. You can access the Riders Guide at the following website: www.CarrollTransitSystem.com

If your disability or environmental barriers prevent you from using Fixed Route Service you may be eligible for Demand & Response (Door-to-Door) Paratransit Service some or all of the time. Your ability to ride Fixed Route buses will be evaluated through the use of this application.

IMPORTANT: Medical condition or eligibility for other disability programs does not necessarily qualify you to use Demand & Response (Paratransit) Service (Curb-to-Curb).

What is the American with Disabilities Act (ADA)?

The Americans with Disabilities Act (ADA) is a civil rights law. The intent of the ADA is to remove barriers that have prevented people with disabilities from fully participating in life. **Under the ADA, Fixed Route service is to be the primary means of public transportation for everyone, including people with disabilities.**

Travel Training: Carroll County, Butler and CMRT offers free one-on-one and/or group training to teach people with disabilities how to ride our Fixed Route buses. For more information, please call for travel trainer services at: 410-363-0622

(Print) Applicant's Name:

Carroll Transit System

Demand & Response Service Application
Reduced Fare Application (for fixed routes)

To ensure your application is processed in a timely manner, all questions must be answered. **Part A and Part B must be submitted at the same time.** Incomplete applications will be returned to the applicant and/or individual/agency completing the application. All information is kept confidential and may be utilized for internal and/or operational uses including contact with customer's treatment centers/employees and other contacts provided by the applicant/customer.

PART A: General information regarding the applicant. To be completed by applicant or an individual in behalf of the applicant. **I hereby authorize the release of information requested on this certification for use in evaluating my eligibility for services operated by Butler Mobility on behalf of Carroll County, Maryland. I authorize staff to contact the professional(s) who completed this form if clarification of information is needed, and authorize this professional(s) to release all pertinent information.**

Current Rider New Applicant

Name: Last	First	MI
Street Address:	Apt. or Room No.	
Name of Development or Apartment Complex:		
City:	State:	Zip:
Mailing Address if different:		
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
Date of Birth:	Last four (4) Digits of SSN:	Weight in lbs:
Client ID# _____	Birth Certificate (copy) Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact 1		
Name:	Relationship:	
Home Phone: () -	Cell Phone: () -	Work Phone: () -
Email Address:		
Emergency Contact 2		
Name:	Relationship:	
Home Phone: () -	Cell Phone: () -	Work Phone: () -
Email Address:		

If information is required in an alternative format please call 410-363-0622

(Print) Applicant's Name: _____

Applicant must accurately and legibly complete each of the following questions.

1. Describe your disability and how you believe it prevents or limits your use of the regular fixed route bus service.

2. Is this condition/s temporary? Yes No
If temporary what is the expected duration _____ Year(s) _____ Month(s) or end date? ___/___/20___

3. Do you need a (PCA) Personal Care Assistant? Yes No Sometimes

4. How does the PCA assist you, such as getting to your destination or with activities after you arrive at your destination?

5. Do you need a Service Animal? Yes No
What type of service animal do you use? _____

6. What task has the animal been trained to perform?

7. How do you travel now? Check all that apply.
 Fixed Route Paratransit Fixed Route and Paratransit
 Walk Drive a car Ride in a car Taxi Other _____

Have you used fixed route bus service before? Yes No Sometimes

Where do you go? Medical Appointments Work Senior Center Shopping Other(s)
List Other(s):

8. Which of these aids do you currently use when traveling? ***Check all that apply.***
 Portable Oxygen Prosthetic Leg Walker Manual Wheelchair
 Alphabet/Picture Board Leg Brace Cane Rollator
 Service Animal Crutches White Cane Power Scooter
 Power Wheelchair - Power Wheelchair – Weight _____ lbs. Height _____ Width _____

Note: Manual and Power Scooters and Wheelchairs must be able to be safely accommodated with the vehicle's lift and must be secured for transportation. Maximum Weight may vary upon lifts' safety capacity when fully loaded.

9. Do you need assistance when you travel in the community? Yes No Sometimes
What type of assistance do they provide for you?

Applicant Verification and Signature
Application must be signed to be considered complete.

I understand that the purpose of this application form is to determine if there are times when I cannot use Carroll Transit System fixed route buses and will require Demand & Response/Paratransit services. I understand that the information on this application will be kept confidential and shared only with the County staff and other professionals involved in evaluating my eligibility. I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated.

I give permission for CTS staff to contact the professional(s) who filled out information on this application or submitted supplemental verification of my condition.

Applicant Printed Name: _____ Date: ___/___/20___

Applicant Signature: _____

Person filling out this form if other than Applicant (Check One)

I certify that the information provided in this application is true and correct based upon my professional role and the information given to me by the applicant.

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 or I have legal authority to complete this application.

Print Name: _____ Signature: _____

Relationship to Applicant: _____

Home Phone: () - Cell Phone: () - Work Phone: () -

Street Address: _____ City: _____ State: _____ Zip: _____

Agency Name: _____

Agency Address: _____ Phone: () -

Part A and Part B must be submitted together

If only one section is received, the application will be returned to applicant.

Mail To: Carroll Transit System
1300 Old Meadow Branch Rd
Westminster, MD 21157
Or Fax to: 410-753-6287
Or scan and email to:
scheduling@carrolltransitsystem.com

Dear Health Care Professional,

If you do not have Part A from the applicant, you must return Part B to the applicant. Part A and B must be submitted together.

In order to complete this application on behalf of the applicant, you must be a certified or licensed Health Care professional. (See Chart below for details of Health Professionals)

The applicant is asking you to review the information on this application and to complete and sign Part B of this form certifying that the applicant has a disability that prevents them from using fixed route bus service. This information will be used to determine if the applicant qualifies for Demand & Response (Paratransit) service (Curb-to-Curb) or is able to use fixed route service for some or all travel.

Under the Americans with Disabilities Act (ADA) if a person has the functional and cognitive ability to use Carroll Transit System fixed route system the applicant is not eligible for paratransit services. Disability alone, distance to and from the bus stop, or the availability of fixed route city bus service, is not by itself a qualifier for paratransit services.

All of the Carroll Transit System Fixed Route and Demand & Response vehicles are equipped with wheel chair lifts or ramps for individuals utilizing wheel chairs or by individuals unable to use the steps Carroll Transit System also offers **Travel Training** to assist persons with disabilities to use the fixed route bus service.

If you have any question completing Part B please call 410-363-0622

Minimum State Licensed or Certified Health Professionals

Certified Nurse Practitioner	Physician Assistant
Licensed Clinical Psychologist	Podiatrist (foot and ankle disability only)
Optometrist (visual disabilities only)	Psychiatrist (psychiatric disability only)
Physician	Registered Nurse

(Print) Applicant's Name:

Part B

Part A must be attached

A Licensed/Certified health Care Professional with knowledge of the applicant's functional abilities must complete this form.

Required Licensed/Certified health Care Professional Information.

Name: Professional Title:

Professional Specialization: Professional License Number:

Clinic or Agency:

Address: City: State: Zip:

Phone: Fax: Email:
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Please include all applicable information in order to not delay the applicant's application.

What is the formal diagnosis of the applicant's condition?

Does the applicant have specific behavioral problems? Yes No
Describe:

Is the applicant able to travel alone? Yes No

Does the applicant have the ability to follow directions? (check one) Yes No

One Step Direction Two Step Directions Three Step Directions None

Would the applicant know what to do if they became lost out in the community? Yes No

Would the applicant be able to recognize and avoid dangers they might encounter when traveling in the community? Yes No

Does the applicant have the ability to safely cross streets? Yes No

Please check all that apply to safely cross streets at intersections. Provide additional information.

Problem Solving

Short Term Memory

Attention

Processing

Foresight/Planning

Safety Awareness and Judgment

Other:

Is the applicant's ability to travel outside alone affected by other conditions, such as environmental noise and ability to distinguish traffic flow patterns? Explain: Yes No

With training could the applicant independently travel and use county bus service? Yes

No

If no, explain:

How far can the applicant properly operate a wheelchair and/or ambulate with or without a mobility aid without lengthy rest breaks?

No independent functional mobility Greater than ½ mile Greater than 1/4 mile

Do their own shopping (walk around Mall) Applicant can walk approximately _____ City Blocks

How long can applicant wait at a bus stop **with** a bench and shelter? _____ Hour(s) _____ Min(s)

How long can applicant wait at a bus stop **without** a bench and shelter? _____ Hour(s) _____ Min(s)

Provide other vital information that will help the Agency make an appropriate eligibility determination.

Mail To: Carroll Transit System
1300 Old Meadow Branch Rd
Westminster, MD 21157

Or FAX To: 410-753-6287

Or Scan and email to: scheduling@carrolltransitsystem.com

END OF APPLICATION