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. <u>Under the ADA, Fixed Route service is</u> 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	Firs	t	MI
Street Address:		Apt. or Room No.	
Name of Development or Aparti	ment Complex:		
City:	State:	Zip:	
Mailing Address if different:			
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
Date of Birth:	Last four (4) Digits of SSI	N: Weight in lbs:	
Client ID#	Birth Certificate (copy) P	rovided? 🗖 Yes 🗖 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

Applicant must accurately and legibly complete each of 1. Describe your disability and how you believe it prevents or limits you	
bus service.	our use of the regular fixed route
bus service.	
2. Is this condition/s temporary?	th/s) on and data? / /20
If temporary what is the expected durationYear(s)Mon 3. Do you need a (PCA) Personal Care Assistant?	th(s) or end date?//20 Yes
4. How does the PCA assist you, such as getting to your destination of	
your destination?	with activities after you arrive at
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 Paratr	ransit
☐ Walk ☐ Drive a car ☐ Ride in a car ☐ Tax	ti 🗖 Other
Have you used fixed route bus service before?	☐ Yes ☐ No ☐ Sometimes
Have you used fixed route bus service before? Where do you go? ☐ Medical Appointments ☐ Work ☐ Senior List Other(s):	
Where do you go? Medical Appointments Work Senior	Center Shopping Other(s)
Where do you go? Medical Appointments Work Senior List Other(s):	Center Shopping Other(s)
Where do you go? Medical Appointments Work Senior List Other(s): 8. Which of these aids do you currently use when traveling? Check of the senior Check of the sen	Center Shopping Other(s)
Where do you go? Medical Appointments Work Senior List Other(s): 8. Which of these aids do you currently use when traveling? Check of Portable Oxygen Prosthetic Leg Walker Alphabet/Picture Board Leg Brace Cane	Center Shopping Other(s) Il that apply. Manual Wheelchair
Where do you go? Medical Appointments Work Senior List Other(s): 8. Which of these aids do you currently use when traveling? Check of Portable Oxygen Prosthetic Leg Walker	Center Shopping Other(s) Il that apply. Manual Wheelchair Rollator
Where do you go? Medical Appointments Work Senior List Other(s): 8. Which of these aids do you currently use when traveling? Check of Portable Oxygen Prosthetic Leg Walker Alphabet/Picture Board Leg Brace Cane	Center Shopping Other(s) II that apply. Manual Wheelchair Rollator Power Scooter
Where do you go?	Center Shopping Other(s) Il that apply. Manual Wheelchair Rollator Power Scooter ight Width be be safely accommodated with the
Where do you go?	Center Shopping Other(s) Il that apply. Manual Wheelchair Rollator Power Scooter ight Width be be safely accommodated with the

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: Zip: City: State: 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** Or Fax to: 410-753-6287 1300 Old Meadow Branch Rd Or scan and email to: Westminster, MD 21157 scheduling@carrolltransitsystem.com

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 (Curbto-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 onl			
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 Profession				
Name: Pro	ofessional Title:			
Professional Specialization: Pr	ofessional License Number:			
Clinic or Agency:				
Address: City:	State:	Zip:		
Phone: Fax:	Email:			
() - ()	-			
Please include all applicable information in o		oplication.		
What is the formal diagnosis	of the applicant's condition?			
Does the applicant have specific behavioral prob	lems?	☐ Yes ☐ No		
Desc	cribe:			
Is the applicant able to travel alone?		□Yes □No		
Does the applicant have the ability to follow dire	ections? (check one)	☐ Yes ☐ No		
☐ One Step Direction ☐ Two Step Dire	ctions	s 🛚 None		
Would the applicant know what to do if they be	came lost out in the community?	☐ Yes ☐ No		
Would the applicant be able to recognize and avo	id dangers they might encounter w	hen traveling in		
the community?		☐ Yes ☐ No		
Does the applicant have the ability to safely cros	s streets?	☐ Yes ☐ No		
Please check all that apply to safely cross streets	at intersections. Provide additiona	I information.		
☐ Problem Solving	☐ Short Term Memory			
Attention	☐ Processing			
☐ Foresight/Planning	☐ Safety Awareness and Judgmen	t		
Other:				
s the applicant's ability to travel outside alone affec	ted by other conditions, such as env	ironmental		
noise and ability to distinguish traffic flow patterns?		☐ Yes ☐ No		

With training could the applicant independently travel and use county bus service? \Box Yes \Box 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?
\square No independent functional mobility \square Greater than ½ mile \square Greater than 1/4 mile
☐ Do their own shopping (walk around Mall) Applicant can walk approximatelyCity 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