



St. Mary's County Department of Aging

Senior Rides Program

P.O. Box 653, Leonardtown, MD 20650



"Give Seniors A Lift"

Rider Application

Date: _____

Name: _____

Street Address: _____ Mailing Address: _____

City: _____ Zip Code: _____ Phone: _____

Date of Birth: _____ Social Security# (optional): _____

Emergency Contact: _____ Contact Number: _____

Is your individual monthly income above or below \$3,610 per month? Above Below

If married, is your combined monthly income above or below \$4,856? Above Below

Do you use STS transportation? Yes No

Do you have Medical Assistance: Yes No If yes, Medical Assistance #: _____

Do you use the Health Department medical transportation? Yes No

Do you use any of the following mobility aides/equipment: (Please Circle)

Cane Walker Hearing Aid Oxygen Other: _____

Do you have any of the following type(s) of disability we should be aware of: (Please Circle)

Physical Mental Visual Hearing Other: _____

Do you need assistance in and out of vehicle? Yes No

Do you have a personal care attendant to accompany you during travel? Yes No

When would you need assistance from the driver? Grocery Shopping Walking into doctor's office

Walking from your house to the car Other _____

Directions to Home: _____

For Office Use Only:

Does rider qualify for the SMC Senior Rides Program? Y ___ N: ___