

St. Mary's Transit System (STS)
P.O. Box 409, California, MD 20619

Application for Paratransit Transportation

Section 1: General Information

First Name _____ Birthday _____

Last Name _____ Sex: M _____ F _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____ County _____

Directions to your home: _____

Phone (Daytime) _____ (Evening) _____

Mailing Address (if Different) _____

City _____ State _____ Zip _____ County _____

Please provide the name and number of a friend or relative to contact in case of an emergency:

Name _____ Relationship _____

Phone (Daytime) _____ (Evening) _____

For Office Use Only

- Approved
- Denied
- ADA
- SSTAP
- Senior/Discount card
- Entered in Computer

Notes:

Section 2 Disability Information

Please describe the disability which prevents you from using our fixed routes.

Type(s) of Disability	Description:
<input type="checkbox"/> Physical	_____
<input type="checkbox"/> Developmental	_____
<input type="checkbox"/> Mental Illness	_____
<input type="checkbox"/> Visual Impairment	_____
<input type="checkbox"/> Other (describe)	_____

Disability Duration: Permanent Temporary Until _____ Unknown

Mobility Aids/Equipment Used

- Manual Wheelchair
- Electric Wheelchair
- Cane/Walker
- Powered Scooter
- Hearing Aid
- Oxygen
- Guide Dog
- Crutches
- Other _____

Please answer the following questions to help us to provide the correct vehicle when transporting you and to respond properly to your trip requests:

1. Can you travel 200 feet without assistance of another person? Yes No
2. Can you travel ¼ mile without the assistance of another person? Yes No
3. Can you climb three 12 inch steps without assistance? Yes No
4. Can you wait outside without support for 10 minutes? Yes No
5. Do you require a personal care attendant to travel with you? Yes No

Is there any other effects of your disability that we should know about when providing you transportation? _____


Section 3- Applicant Certification

I certify that the preceding information is true and correct. I authorize St. Mary's Transit to use the information provided to arrange transportation services, including sharing my information with drivers, as necessary.

Signature _____ Date _____

Would you be interested in Travel Training that would provide you with information on how to use STS buses and routes? YES NO

If you mark 'Yes' someone will contact you from STS for further information.


If this application was completed by someone other than the individual requesting the specialized service, please complete the following:

Name _____

Relationship to Applicant _____

Street Address _____

City _____ State _____ Zip _____

Phone Number (Daytime) _____ (Evening) _____

Reason applicant was unable to complete form _____

Signature: _____ Date: _____

STS

St. Mary's Transit System

Section 4 Authorization to Provide Medical Information

In order to allow STS to evaluate your request for eligibility, it may be helpful for us to contact a professional who is familiar with your health condition or disability and your functional abilities and limitations. Please list a professional who we can contact if we need additional information.

Examples of qualified professionals include:

Physician	Independent living specialist
Physical therapist	Rehabilitation specialist
Occupational therapist	Social Worker
Orientation and mobility instructor	Registered Nurse
Ophthalmologist	Psychiatrist
Psychologist	Case Manager

Professional's Name _____ Office # _____

Occupation/Title _____ Fax # _____

Organization _____

Street Address _____

City _____ State _____ Zip _____

I authorize the professionals listed above to release to STS information about my disability or health condition and its effect on my ability to travel on the STS buses.

Signature _____ Date _____

All medical information, which you or a professional provide about your disability, will be kept strictly confidential and used only by STS employees.