



RTA Mobility Certification Department General Para-Transit (GPT) application

General Paratransit (GPT) is a curb-to-curb “shared ride” service. For riders who are unable to ride RTA fixed route system due to age or a disability. To qualify for GPT services applicant must be a Howard County resident, 60 years of age or older (**proof of age and copy of identification is required**). If applicant is younger than 60 years old (18-59); applicant is required to complete GPT medical information form. Trips must be within Howard County. Trip purposes: medical appointments, senior centers, social service agencies, employment, and college/schools. Trips are provided Monday through Friday between 8:00 am and 5:00 pm (no same day or weekend service). Reservations must be made two (2) business days in advance (weekend not part of required two (2) business days’ notice). Baltimore shuttle is available to selected Baltimore City hospitals Monday, Wednesday and Friday. For more information or to make a trip reservation call RTA Mobility customer service 1-800-270-9553 Monday through Friday between 9:00 am and 5:00 pm. For a complete list of GPT Guidelines visit www.transitRTA.com or call 1-800-270-9553.

Last Name: _____ First: _____ MI: _____

Home Address: _____ Apt. /Unit #: _____

City: _____ Zip Code: _____ Birth Date: _____

Phone Number: Home: _____ Cell: _____

Email: _____ Date: _____

Applicant Signature: _____

Medical Information Release

Applicant Disability: _____

Disability temporary? (circle) Yes No

Does applicant use a mobility aide? _____ If yes, which type? _____

Can applicant transfer from wheelchair to vehicle seat unassisted? Yes No

Can applicant board vehicle unassisted? _____ Wheelchair lift needed? _____

If application is completed by someone other than applicant

Name: _____

Relationship to Applicant: _____

Signature: _____

Home/ Office Phone: _____ Cell: _____ Fax: _____

Name of Healthcare Professional: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

I certify that the information provided in this application is true and correct based upon the information given to me by the applicant. Or, by my own knowledge of the applicant’s health condition, disability or I have legal authority to complete this application.

Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

Comments: _____

Signature: _____ Date: _____

MEDICAL INFORMATION

A Licensed/Certified Healthcare Professional with knowledge of the applicant’s health condition must complete medical part of this form. This information will be used to determine if applicant qualifies for RTA Mobility General Paratransit (GPT) service due to a health condition/disability. Applicant authorizes RTA Mobility Certification Department to have knowledge of applicant’s health condition/disability. “Person with a disability” means: any person who has an emotional, mental or physical impairment that limits one or more major life activities. Applicant is granting permission to RTA Mobility Certification Department to contact the professional who has filled out this application or given supplemental verification of my health condition. Applicant authorize the following professional(s) to release medical information to RTA Mobility Certifications Department about my disability. Applicant understand that the information released will be used safely to determine eligibility to use RTA Mobility services.

MEDICAL INFORMATION

Is applicant's disability temporary? Yes: _____ No: _____

If temporary, indicate probable duration of disability: From: _____ To: _____

Description of Applicants Disability (be specific): _____

Physician Name: _____

Physician Signature: _____ Date: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

OFFICE STAMP	RTA VERIFIED BY: DATE:
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To request this document in an alternative format or to request accommodations to complete RTA Mobility GPT application process, call 1-800-270-9553, option 3, option 6 or email: RTAMobilityservices@transitRTA.com RTA Mobility will take reasonable steps to provide access to individuals who are unable to read, speak, write or understand English. Standardized procedures have been developed to ensure that interpretation (oral) and translation (written) services are available to RTA Mobility riders with Limited English Proficiency (LEP)

RTA Mobility Certification Department assures full compliance with **Title VI** of the Civil Rights Act of 1964 and related statutes and regulations in all programs and activities. Title VI of the Civil Rights Act requires that no rider/person in the United States shall, on the grounds of race, color, national origin, sex, age and disability be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity of the RTA Services.

**If you have any questions, call 1-800-270-9553 option 3, option 6 or (Maryland Relay: 711). Return completed application to:
RTA Mobility Certifications Department: 8510 Corridor Rd. Suite 110, Savage, MD 20763
Fax: 443-285-0050 or Email: RTAMobilityservices@transitRTA.com**

RTA Mobility Certification Department: General Paratransit Service