General Paratransit (GPT) Application
Offer to Howard County residents.

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 is required. Submit copy of ID**). 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. Trips purposes: medical appointments, senior centers, social service agencies, employment, job interviews, and college/schools. Trips are provided Monday through Friday between 8:00 am and 5:00 pm (no weekend service). Trip reservations must be made two (2) business days in advance (no same day or weekend service). Baltimore shuttle is available to selected Baltimore City hospitals Monday, Wednesday, and Friday. For more information call RTA Mobility customer service at 1-800-270-9553, Monday through Friday between 9:00 am and 5:00 pm. Please see GPT brochure for full-service details by visiting www.transitrta.com or email at RTAmobilityservices@transitrta.com

First Name: _____ Last Name: _____MI: __ F ☐ M ☐

Home Address: _____Apt. _____

City: _____ Zip Code: _____ Birth Date: _____

Home phone: _____ Cellphone: _____

Email: _____

Applicant Signature: _____ Date: _____

Applicant Disability _____

Is disability temporary? Yes ☐ No ☐ Does applicant use a **mobility aide**: Yes ☐ No ☐

Wheelchair ☐ Walker ☐ Can applicant board vehicle unassisted: Yes ☐ No ☐

Emergency Contact Information

Name: _____ Relationship: _____

Emergency contact phone: _____ Date: _____

MEDICAL INFORMATION

A Licensed/Certified Healthcare Professional with knowledge of the applicant's health condition must complete this form. Medical information is used to determine if applicant qualifies for RTA Mobility General Paratransit (GPT) service due to a health condition/disability. Applicant authorizes RTA Mobility 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.

Is applicant's disability temporary? (circle) Yes_____ No _____

If temporary, indicate probable duration of disability from: _____ to: _____

Description of Applicant's Disability (be specific): _____

_____

Physician Name: _____

Physician Signature: _____ Date: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Medical Office Stamp/copy of ID	**RTA VERIFIED BY:** **DATE:**

If you have any questions, call 1-800-270-9553 option 2
(Maryland Relay: 711). Return completed application to:
RTA Mobility 8510 Corridor Rd. Suite 110 Savage, MD 20763, fax: 443-285-0050, or email:
RTAMobilityservices@transitRTA.com
RTA Mobility Certification Department