



Application for Maryland Department of Transportation

Maryland Transit Administration (MDOT MTA)

Reduced Fare Program for Individuals with Disabilities

This information will be used to determine the applicant’s eligibility for the Maryland Department of Transportation Maryland Transit Administration (MDOT MTA) Reduced Fare Program for individuals with disabilities. We will assess all information provided and determine eligibility and duration for participation in the MDOT MTA Reduced Fare Program.

To qualify as a disability participant in the program, the applicant must have a valid government-issued ID, and by reason of illness, injury, congenital malfunction or other disability which is expected to last 90 days or longer, be unable to utilize mass transit as effectively as others. Conditions which do not qualify are: pregnancy, obesity, controlled epilepsy, contagious diseases which pose a danger to other passengers, and less severe mental illnesses. The applicant must fill out Section 1 and have his/her physician or healthcare professional fill out and sign Section 2 of this application.

Applications should be mailed or hand delivered to MDOT MTA Reduced Fare Certification Office, Lobby level, 6 St Paul Street, Baltimore, MD 21202 between 8:30am and 4:00pm Monday – Thursday. Individuals denied eligibility for reduced fare may contact the Reduced Fare Office by phone at: 410-767-3438 or by Fax 410-333-4347 to discuss his/her case and provide additional information that may be relevant to the eligibility decision.

Section1: Applicant Information and Release (please print)

Last Name: _____

Mr. Ms. First Name: _____ Middle Name: _____

Street Address: _____ Apt. _____

City: _____ State _____ Zip _____

Date of Birth (MM/DD/YYYY) _____ Phone _____

Are you a current Disability ID holder? Yes _____ No _____

By signing below, I hereby certify, under the penalty of perjury, that the information given above is true and accurate. I also authorize my physician or healthcare professional completing this application to release to the MDOT MTA information about my disability in order to verify my eligibility for a Reduced Fare ID Card.

Signature of Applicant: _____ Date: _____

The application takes approximately 2 weeks to process from date received.

| |
|--|
| FOR MTA USE ONLY: Delete _____ Expire _____ |
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Section 2: Medical Certification (please print)

(THIS SECTION TO BE COMPLETED BY PHYSICAN OR HEALTHCARE PROFESSIONAL ONLY)

Applicants Name _____

Provide detailed and specific explanation of applicant’s disability and how it specifically impairs his/her ability to use MDOT MTA transit services (Bus, Metro Subway and Light Rail). Please include a specific diagnosis of the individual’s disability. Please refer to the guidance form on page 4 for more information about specific types of disabilities.

What is the expected duration of the disability?

_____ Short-term: conditions lasting for at least 90 days but likely to improve within one year. A disability card will be issued for an appropriate period of time based on the individual’s condition with an expiration date not to exceed three years.

Please check timing below:

_____ 3 months

_____ 6 months

_____ 9 months

_____ Long-term: condition(s) lasting for 1+ years (All long-term disabilities are reviewed and renewed every 36 months)

Section 2: Medical Certification *continued* (please print)

(THIS SECTION TO BE COMPLETED BY PHYSICIAN OR HEALTHCARE PROFESSIONAL ONLY)

Physician/Healthcare Professional Name: _____

License Number: _____ State _____

Facility Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (W) _____ (C) _____ Fax: _____

Email address _____

Verification and Authorization:

I hereby certify, under the penalty of perjury, that the information given above is true and accurate. I understand that MDOT MTA will rely upon this information in making a determination as to eligibility for participation in the program.

Signature of Physician/Healthcare Professional

Printed Name of Physician/Healthcare Professional

Date

| | |
|-----------------------|--------|
| FOR OFFICE USE ONLY : | 091912 |
| Card #: | _____ |
| Exp. Date: | _____ |
| Category: | _____ |
| Approved by: | _____ |
| Issue Date: | _____ |

Reduced Fare Eligibility Guidance

The following are descriptions of medical conditions that may lead to eligibility for the MDOT MTA Reduced Fare Program for individuals with disabilities under the standards contained in 49 C.F.R. §609.3. Individuals with other medical conditions may qualify for eligibility if the federal standard is satisfied.

1. Patients automatically qualify if they are over 65 years old with a valid ID, a military veteran been granted a 60% or greater disability rating by the Department of Veterans or receive Social Security Disability. **Award letter dated no more than 30 days prior must be provided.**
2. **Amputation:** an individual has an amputation of one or both hands, arms, feet or legs.
3. **Neurological Conditions:** an individual has difficulty with coordination, communication, social interaction, and/or perception from a brain, spinal or peripheral nerve injury or illness, has functional motor deficits, or suffers manifestations that significantly reduce mobility.
4. **Pulmonary or Cardiac Conditions:** An individual has a pulmonary or cardiac condition resulting in marked limitation or physical functioning and dyspnea during activities such as climbing steps and/or walking a short distance. If diagnosis is asthma, the healthcare professional should state whether: a) Individual has been on systemic medication for the immediate past 6 months, OR b) Individual has been required to use fast acting inhaler for the 3 or more episodes per week for the immediate past 6 months.
5. **Blind or Low Vision:** An individual is legally blind, whose visual acuity in the better eye, with correction, is 20/200 or less, or who has tunnel vision to 10 degrees or less from a point of fixation or so the widest diameter subtends an angle no greater than 20 degrees. An individual has low vision, and whose visual acuity is in the range of 20/70 to 20/200 with best correction.
6. **Deaf or Hard of Hearing:** An individual with a pure tone average greater than 70dB in both ears, regardless of use of hearing aids.
7. **Epilepsy:** An individual has had at least one tonic-clonic seizure within the past 4 months.
8. **Developmental or Learning Disabilities:** An individual has a significant learning, perceptual and/or cognitive disability. Some conditions may be excluded from eligibility such as Attention Deficit Disorder (ADD).
9. **Mental Illness:** An individual whose mental illness includes a substantial disorder of thought, perception, orientation, or memory that impairs judgement and behavior.
10. **Chronic Progressive Debilitating Conditions:** An individual who experiences debilitating diseases, autoimmune deficiencies, or progressive and uncontrollable malignancies, any of which are characterized by fatigue, weakness, pain and/or changes in mental status that impair mobility.
11. **Non-Ambulatory:** An individual is unable to walk and requires the use of a wheelchair or other mobility device.
12. **Semi-Ambulatory:** An individual has a chronic condition, which substantially limits the ability to walk, or is unable to walk without the use of a caliper leg brace, walker or crutches.
13. **Drug/Alcohol Addiction:** An individual who is actively enrolled and participating in a certified and/or accredited substance abuse treatment program.

Mail or drop off form to:

MDOT MTA Reduced Fare Certification Office, 6 St Paul Street, 1st Floor Baltimore MD 21202
Office Hours Monday – Thursday 8:30am – 4:00pm Closed Friday – Sunday
Phone 410-767-3438 Fax 410-333-4347

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