

Re-certification Applicants Only

	This application is for current Mobility riders only. Complete this application if you are attempting to Re-Certify for Mobility Service. If you were granted (a) Temporary status, (b) Presumptive Eligibility or (c) your eligibility has expired six (6) or more months ago, you must complete and submit a new application.
Step 1	If you are providing legal authority to another party to complete this application and/or act as your agent in the processing of this application, please be sure to complete Section 6. If not, leave section 6 blank.
Step 2	If this is your first time applying for MobilityLink Service, please contact the Certification Office by calling 410-764-8181 selecting Option 6 to schedule an appointment.
Post Submission	Once your application is received, you will receive an automated call to the phone number listed on your application informing you that the application has been received. MTA has up to 21 days to make an eligibility determination. If a determination has not been made within 21 days, you will be granted presumptive eligibility until a decision on your eligibility can be made. If it is determined you are not eligible or conditionally eligible for Mobility service, the determination letter will provide you with the details on how to appeal the decision. You have 60 days to appeal a determination. You can obtain information about the appeal process or other information about Mobility service by exploring our website at mta.maryland.gov/mobility .
Need Assistance?	If you need help understanding this information or assistance in completing or understanding Mobility forms or policies, wish to request a reasonable accommodation or modification, or need a copy of this document in an alternative format, please contact Mobility Information at 410-764-8181 or MD Relay 711. You may also contact the Office of Equal Opportunity Compliance Programs at 410-767-3944.

****Recertification Applicants Only ****

Applicant Information (please print)

This section is to be completed by the applicant, the applicant's caregiver, or another individual familiar with the applicant's disability. Please attach supplement documentation if additional space is required to thoroughly answer all questions.

Client Identification

Enter your Mobility Client ID		
Has your disability or condition changed since your last Certification?		
Yes No		
If "Yes" Please explain		

Demographic Information

Last Name		First Name		Middle Initial	
Street Address				Apt #	
City		State		Zip Code	
Mailing Address (if Different from Street Address)				Apt #	
City		State		Zip Code	
Home Phone			Mobile Phone		

By providing a mobile number, you consent to receive text notifications. Standard rates apply.

Date of Birth (MM/DD/YYYY)		Email Address	
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Emergency Contact Information

Last Name		First Name	
Phone Number		Relationship	

Section 1: Disability/Health Condition Information

1.	What is the primary disability or health condition that prevents you from being able to use MTA's buses and trains? Please be specific.	
	Date of Diagnosis or Onset	
2.	Do you have other disabilities or health conditions that limit your ability to use MTA's buses and trains? <input type="radio"/> Yes <input type="radio"/> No	
	If "Yes", please explain.	
3.	Do the effects of your disability or health condition vary from day to day? <input type="radio"/> Yes <input type="radio"/> No	
	If "Yes", please explain.	
4.	Is your disability/health condition permanent or temporary? <input type="radio"/> Permanent <input type="radio"/> Temporary	
	If "Temporary", please explain.	

Section 2: Mobility Aids

1.	Check any and all mobility equipment that you expect to use while traveling: <input type="radio"/> Cane <input type="radio"/> Braces <input type="radio"/> Crutches <input type="radio"/> Walker <input type="radio"/> White Cane <input type="radio"/> Manual Wheelchair <input type="radio"/> Motorized Wheelchair <input type="radio"/> Service Animal <input type="radio"/> Scooter <input type="radio"/> Respirator/Oxygen <input type="radio"/> Other:			
2.	If you use a wheelchair or scooter, what is the width and length (in inches)? <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Length in inches:</td> <td style="width: 50%;">Width in inches:</td> </tr> </table>		Length in inches:	Width in inches:
Length in inches:	Width in inches:			
3.	Do you require the assistance of another person during travel or at your destination? <input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never If “Always” or “Sometimes”, please explain.			
4.	What is the estimated combined weight of you and your wheelchair/scooter?			
5.	Please provide any other information about your disability or health condition that would help us better understand your travel abilities.			

Section 3: Travel Training

1.	Have you ever had travel training to learn how to travel around the community or how to use MTA buses and trains? <input type="radio"/> Yes <input type="radio"/> No
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Section 4: Voter Registration

1.	Would you like to register to vote? Yes No
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Section 5: Certification

I understand that the purpose of this application is to determine if there are times when I cannot use MTA Fixed Route buses, subway, and light rail and I will require paratransit services. I understand that the information on this application will be kept confidential and shared only with the professionals involved in evaluating my eligibility. I hereby certify, under penalty of perjury, that the information submitted is true and correct. I understand that providing any false information on this application may constitute a crime punishable under the law. Further, I understand that providing false or misleading information could result in the denial of my application or termination of my eligibility.

I give permission for MTA Mobility Certification staff to contact the professional who has filled out this application or given supplemental verification of my condition.

 Applicant Signature:	Date:
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OPTIONAL Section 6: Authorization for Assistance with the Application Process

Please complete the authorization below if you are providing legal authority to another party to complete this application and/or act as your agent in the processing of this application.

Applicant Last Name		Applicant First Name		Applicant Middle Initial	
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I would like to re-certify for Mobility door to door paratransit service.

I am appointing _____ to help me reapply for Mobility service. For this purpose, only, he or she has the authority to act on my behalf, including scheduling appointments, completing paperwork, and providing information about me to the Maryland Transit Administration (MTA), so long as it relates to my application for Mobility service.

MTA may release any information it has about me upon request, to this person, including health care information, so long as it relates to my application for services. For this purpose, only, my agent may request, receive, and review any information, oral or written, regarding my physical or mental health, including but not limited to, medical and hospital records and other protected health information, and consent to disclosure of this information.

For all purposes related to this document, my agent is my personal representative under the Health Insurance Portability and Accountability Act (HIPAA) and is entitled to request, receive, and review protected health information: any information, oral or written, regarding my physical or mental health, including but not limited to medical and hospital records, and other protected health information. My agent may also consent to disclosure of this information.

This agreement expires: (Select from the options below.)

- ☒ At the end of my recertification appointment.
- ☒ At the end of the Mobility recertification process and any applicable appeal process.
- ☐ On a specified date -

 Applicant Signature:	Date:
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