

(Print) Applicant's Name:

Harford Transit LINK

Thank you for your inquiry about an ADA, disability or elderly reduced fare pass to be used to ride Harford Transit LINK route buses. Enclosed is an application form.

If you have an eligibility card or letter from one of the agencies listed below, check the appropriate box and attach a copy of that card or letter to Part A and send both back to us. To be considered for reduced fare, you are required to complete Part A. (You do not need to complete Part B if you have proof of one of these listed below).

- Medicare
- SSI Disability Benefits
- Social Security Disability Benefits
- Age 60 or older (attach license or ID)
- Veteran's Administration benefits at 50% or greater disability
- Receives services through an agency funded by the Developmental Disabilities Administration

If you do not have an eligibility card or letter as required in Part A, you will need a health care professional who is familiar with your condition complete Part B. After he/she completes the form, return Part A and Part B (together as one package) to our office.

After we receive your completed application, we will determine if you are eligible for a reduced fare pass. If it is determined that you are eligible, we will mail the reduced fare pass to you.

23 Have you participated in Travel Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Do you require Travel Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Any other information that you would like to explain:	
(Print) Applicant's Name:	

Applicant Certification and Signature
Application must be signed to be considered complete.

I understand the purpose of this application form is to determine if there are times when I cannot use Harford Transit LINK's Fixed Route buses and will require Demand & Response/Paratransit services. I understand that the information on this application will be kept confidential and shared only with the appropriate County staff and other professionals involved in evaluating my eligibility. I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated.

I give permission for Harford Transit LINK/County staff to contact the professional(s) who filled out information on this application or submitted supplemental verification of my condition.

Applicant Printed Name: _____ Date: ___/___/20__

Applicant Signature: _____

Person filling out this form if other than the Applicant (Check One)

I certify that the information provided in this application is true and correct based upon my professional role and the information given to me by the applicant.

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

Print Name: _____ Signature: _____

Relationship to Applicant: _____

Home Phone: () - Cell Phone: () - Work Phone: () -

Street Address: _____ City: _____ State: _____ Zip: _____

Agency Name: _____

