



Larry Hogan
Governor
Boyd K. Rutherford
Lt. Governor
Gregory Slater
Secretary
Kevin B. Quinn, Jr.
Administrator

Important Notice to Applicants Regarding COVID-19 Modified Procedures

Dear Applicant,

During the COVID-19 State of Emergency, MobilityLink will not be receiving customers for appointments in our office. Applications should be sent to the MTA Mobility Office using one of the below options. Our team will contact you to schedule a phone interview, once we received your completed application (Part A & B). Original Signatures are not required at this time.

Option 1: Once completed, please mail to: ATTN: MobilityLink Certification Office 1st Floor, 4201 Patterson Avenue, Baltimore, MD 21215

Option 2: Please fax your completed application to (410) 764-7526.

Option 3: Please email your completed application to MTACertification@mdot.maryland.gov.

If you would like to register to vote electronically in person at the Mobility Certification Office, please contact the number below and transportation can be provided to the Certification Office after the state of emergency has concluded.

We apologize for any inconvenience this change may cause, and we look forward to serving you in person when it is safe to do so. If you have any questions or concerns, please contact the MobilityLink Certification Office at 410-764-8181 Option 6.

Thank you,

MTA MobilityLink Certification Office

Application for MTA Mobility

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 410-764-8507 or 410-767-3944.

MTA Mobility

Is provided in accordance with the Americans with Disabilities Act (ADA). The ADA requires transit systems that operate fixed route buses/trains to offer complementary paratransit service to people with disabilities who cannot use the fixed route buses/trains for some or all of their trips. MTA Mobility is an origin-to-destination, shared ride, advanced reservation public transit system that is comparable to MTA's fixed route system in terms of service area and service characteristics.

The MTA Mobility eligibility process looks at each individual's functional abilities and their ability to utilize MTA's buses and trains to determine level of eligibility for the program.

The MTA Mobility application process consists of a completed application, completed Healthcare Professional Verification, an interview, and if needed, a functional assessment.

Application Process

1. Complete Part A of the application
2. Have a Healthcare Professional, who can speak to your disability or health condition, complete Part B
 - a. Ensure your Healthcare Professional has fully completed Part B, including original signature, license number, and ICD code(s)
3. Once Part A and Part B are completed, return the application to the MTA by one of the following methods:
 - Option 1: Once completed, please mail to: ATTN: MobilityLink Certification
Office 1st Floor, 4201 Patterson Ave., Baltimore, MD 21215
 - Option 2: Please fax your completed application to (410) 764-7526
 - Option 3: Please email your completed application to:
MTACertification@mdot.maryland.gov

Please note: Applicant interview must take place within 60 days of the completion of Part B.

In order to better serve applicants, MTA Mobility will consider additional forms of identification in lieu of a government approved photo identification if you do not have government approved identification available. MTA Mobility will consider alternative form(s) of identification on a case-by-case basis. If you are unsure about appropriate identification, you may call 410-764-8181, option 6.

MTA has up to 21 days to make a determination. You will receive an eligibility determination letter in the mail that outlines the determination. If your determination is not made within 21 days, you will qualify for Mobility services until such time as an eligibility decision is made. You may contact the reservation center at 410-764-8181, option 1 to schedule a ride until a determination is made.

You have the right to appeal the determination if you do not agree. Information on how to request an appeal will be included with the eligibility determination letter.

Part A: Applicant Information *(please print)*

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

New Application Recertification If Recertification, Mobility #: _____

Demographic Information

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Email Address: _____

Emergency Contact Information

Last Name: _____ First Name: _____

Phone Number: _____ Relationship: _____

Transit Usage

1. Have you used MTA buses and trains? Yes No Sometimes

2. Are you able to reach the MTA bus/train stop/station nearest your home? Yes No Sometimes

If you answered no or sometimes, please explain: _____

3. What best describes your ability to use MTA's fixed route service?

- I can use the MTA buses and trains for most trips
- I can use the MTA buses and trains, but it would be difficult
- I can use the MTA buses and trains, but only for specific trips or destinations
- I have never tried to use the MTA buses and trains
- I cannot use the MTA buses and trains without a personal care attendant
- I cannot use the MTA buses

and trains at all because: _____

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? Yes No
If yes, please explain: _____

3. Do the effects of your disability or health condition vary from day to day? Yes No
If yes, please explain: _____

4. Is your disability or health condition: Permanent Temporary
If temporary, please explain: _____

Mobility Aids

1. Check any and all mobility equipment that you expect to use while traveling:
 Cane Braces Crutches Walker
 White Cane Manual Wheelchair Motorized Wheelchair Service Animal
 Scooter Respirator/Oxygen Other: _____

2. If you use a wheelchair or scooter, what is the width and length?
Width: _____ inches Length: _____ inches

3. Do you require a personal care attendant (PCA) with you to provide assistance during travel or at your destination? Always Sometimes Never
If always or sometimes, how does a PCA assist you?

Functional Skills

The following questions will give us more information about your functional abilities. Please select Always (A), Sometimes (S), or Never (N) in response to the following questions.

Without the help of someone else, can you:

1. Ask for and understand written or spoken instructions? A S N
If Sometimes or Never, please explain: _____
2. Cross the street? A S N
If Sometimes or Never, please explain: _____
3. Stand for 20 minutes if there is no place to sit? A S N
If Sometimes or Never, please explain: _____
4. Step on and off a sidewalk from a curb? A S N
If Sometimes or Never, please explain: _____
5. Walk on uneven surfaces? A S N
If Never, please explain: _____
6. Stand on a moving bus or train if there is a handrail? A S N
If Never, please explain: _____
7. Transfer from one bus or train to another? A S N
If Never, please explain: _____
8. What is the farthest that you can travel outdoors (using your mobility aid if you use one) without the aid of another person? < 1 block 1-4 blocks > 4 blocks

Please provide any other information about your disability or health condition that would help us better understand your travel abilities: _____

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? Yes No
2. Would you like information about travel training to use MTA's bus/train service? Yes No

Voter Registration

1. Would you like to register to vote?

Yes

No

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:

If someone other than the applicant has completed this form, please provide the following information:

Print Name: _____ Relationship to Applicant: _____

Agency (if applicable): _____

Phone Number: _____ Other Phone Number: _____

Signature: _____ Date: _____

Part B: Healthcare Professional Certification (*please print*)

Licensed or certified healthcare professionals authorized to fill out this certification include, but are not limited to the following:

- Vocational Rehabilitation Counselor
- Physician
- Licensed Clinical Social Worker
- Physician's Assistant
- Respiratory Therapist
- Nurse Practitioner
- Occupational Therapist
- Psychiatrist/Psychiatric Social Worker
- Physical Therapist
- Ophthalmologist
- Audiologist
- Optometrist
- Independent Living Specialist
- Psychologist
- Speech and Language Pathologist

The Americans with Disabilities Act (ADA) requires transit systems that operate fixed route service to offer complementary paratransit to people with disabilities who cannot use the MTA fixed route service. In accordance with the ADA, the MTA offers MTA Mobility, a door-to-door, shared ride service for those who cannot use the fixed route service because of their disability.

The following factors do not, by themselves, qualify a person for ADA paratransit:

- Diagnosis
- Distance to bus stop
- Lack of bus service
- Inability to drive
- Age
- Inconvenience
- Personal finances
- Discomfort

Please be advised that all of MTA's buses and rail services are lift/ramp equipped, have wheelchair securement areas, priority seating areas for people with disabilities, and provide audio route and stop announcements.

MTA bases eligibility determinations on the information provided by the applicant in the application and in the interview, observations made during the functional assessment, if used, and information provided by the healthcare professional.

An incomplete application will be returned to the applicant and may delay processing. Every question **must** be answered and must be legible. Please attach supplemental documentation if additional space is required to thoroughly answer all questions.

Applicant Name: _____ Applicant Sex: Male Female

Healthcare Professional Name: _____

Title: _____

License Number: _____ State Issued: _____

Institution/Facility/Agency: _____

Street Address: _____

City/State/Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

In the following questions, please focus on the applicant's functional abilities.

1. Written diagnosis(es) and ICD-10 and/or DSM Code(s): _____

2. How long have you been treating the applicant? _____

3. When was the last time you saw the patient? _____

4. What is the expected duration of the disability? Short Term Long Term

Short Term: Conditions likely to improve within one year

Long Term: Conditions with little expectation of improvement

5. How does the disability or health condition impact the applicant's ability to travel independently on MTA fixed route services? _____

6. Check all of the mobility devices that the applicant requires:

- | | | | |
|-------------------------------------|--------------------------------------------|-----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Braces | <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Motorized Wheelchair | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Scooter | <input type="checkbox"/> Respirator/Oxygen | _____ | |

7. Is the applicant currently on any medications with side effects that may significantly reduce/hinder their ability to independently ride the accessible MTA fixed route service?

Yes No

If yes, please list the

medications:

8. Does the applicant have a seizure disorder?

N/A

Y N

9. Are the seizures controlled with medication?

N/A

Y N

10. Date of the last seizure:

11. Does the applicant have a cognitive impairment?

N/A

Y N

Please explain:

For the following questions (12-27), check Yes (Y), No (N), or Sometimes (S). If you answer yes or sometimes, please explain how it prevents the applicant from using accessible MTA buses and trains.

12. Does the applicant have any challenges with memory?

Y N S

Please explain:

13. Would the applicant be able to recognize and avoid dangers when traveling alone in the community?

Y N S

Please explain:

14. Would the applicant be able to independently seek assistance if they were lost in the community?

Y N S

Please explain:

15. Would temperature extremes affect the applicant's ability to ride transit?

Y N S

Please explain:

16. Would ice and/or snow affect the applicant's ability to ride transit?

Y N S

Please explain:

17. Would poor air quality affect the applicant's ability to ride transit?

Y N S

Please explain:

18. Does the applicant have any challenges with balance?

Y N S

Please explain:

19. Does the applicant have a psychiatric condition that may impact functional ability? Y N S
Please explain: _____
20. Does the applicant have any challenges with breathing? Y N S
Please explain: _____
21. Does the applicant have any challenges with strength and endurance? Y N S
Please explain: _____
22. Does the applicant have any challenges with ambulating on hills? Y N S
Please explain: _____
23. Are there any visual impairments that would affect this applicant's ability to ride transit? Y N S
Please explain: _____
24. Are there any hearing impairments that would affect this applicant's ability to ride transit? Y N S
Please explain: _____
25. Does the applicant exhibit any inappropriate social behaviors? Y N S
Please explain: _____
26. Do you have safety concerns for this applicant in using the fixed route service independently? Y N S
Please explain: _____
27. Does the applicant require a Personal Care Attendant while traveling or at their destination? Y N S
Please explain: _____
28. In your medical opinion, what other factors related to the applicant's disability(ies) affect their ability to ride MTA fixed route service?

Certification

I certify that I am licensed/certified and am currently treating _____.
I certify that all information provided in this application is a fair representation of the applicant's disability(ies) or health condition(s) and is true and correct.

I understand that the information provided will be used for the purpose of determining the applicant's eligibility for ADA paratransit service.

I agree that MTA and its eligibility contractor may contact me for clarification of any information I have provided and that I will reply with good faith.

Signature:

Date:

Please Note:

- Applicant interview must take place within 60 days of the completion of Part B.
- Applicants must present the original form in person at their interview appointment. Please do not mail this form to Certification.

October 23, 2019

Mobility Customer ID: 15694

VOTER REGISTRATION INFORMATION

If you are not registered to vote where you live now, would you like to apply to register to vote? If you do not check either box, you will be considered to have decided not to register to vote at this time.

Yes No

You can register online at www.vote.org/register-to-vote/maryland/ or in person in our Certification Office.

If your answer is yes, a voter registration application is enclosed with the MTA MobilityLink Application. You may complete the enclosed voter registration application and send it to MTA MobilityLink. MTA will transmit it to the appropriate election board. You may also send the voter registration form to the appropriate State election official yourself. You can also register online at www.vote.org/register-to-vote/maryland/ or in person at the MTA MobilityLink Certification Office. If you would like to register to vote electronically in person at the MTA MobilityLink Certification Office, please contact the number below and transportation can be provided to the Certification Office after the State of Emergency has concluded.

When you complete a voter registration application, if you do not select a political party affiliation, you will be designated as not affiliated with a political party and will be unable to vote in a party primary election.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by MTA. If you would like help in filling out the voter registration application form, MTA will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Please contact MTA MobilityLink at (410) 764-8181 Option 6 for assistance with voter registration.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the State Board of Elections.

Maryland State Board of Elections
P.O. Box 6468
Annapolis, Maryland 21401-0486
800-222-8683

Your application for MTA MobilityLink services may not be completed until you have indicated whether you wish to register to vote. Therefore, please indicate whether you would like to register to vote or decline to register above.



AFTER THIS FORM IS FILLED OUT, YOU MUST SIGN AND MAIL IT TO YOUR COUNTY BOARD OF ELECTIONS. IT CANNOT BE PROCESSED IF IT IS FAXED OR E-MAILED, BECAUSE IT REQUIRES AN ORIGINAL SIGNATURE.

MARYLAND VOTER REGISTRATION APPLICATION

TO REGISTER, YOU MUST

- Be a U.S. citizen;
- Be a Maryland resident;
- Be at least 16 years old*;
- Not be under guardianship for mental disability or if you are, you have not been found by a court to be unable to communicate a desire to vote;
- Not have been convicted of buying or selling votes;
- Not have been convicted of a felony, or if you have, you have completed serving a court-ordered sentence of imprisonment.

*You may register to vote if you are at least 16 years old but cannot vote unless you will be at least 18 years old by the next general election.

DEADLINE INFORMATION

- This application must be postmarked no later than 21 days before an election.
- If your application is complete and you are found to be qualified, a Voter Notification Card will be mailed to you.
- The submission of this form to an individual other than an official, employee, or agent of a County Board of Elections does not assure that the form will be submitted or filed in a timely manner.

YOU CAN USE THIS FORM TO

- Register to vote in federal, state, county, and municipal elections in Maryland.
- Change your name, address, or party affiliation.

INSTRUCTIONS

- If you do not have a current, valid Maryland driver's license or MVA ID card, you must enter the last 4 digits of your social security number. The statutory authority allowing officials to request the last 4 digits of your social security number is Election Law Article, § 3-202. The number will only be used for registration and other administrative purposes. It will be kept confidential.
- Complete Items 1–11 in Voter Registration Application. Sign and date Item 12. If you are registered to vote in another Maryland county or another state, you must complete Items A–B in Last Voter Registration.
- You must register with a party if you want to take part in that party's primary election, caucus or convention. Check one box only.
- Detach this panel at the perforation.
- Address and mail the application to your County Board of Elections, using the list on the back panel.

WARNING

Giving false information on an application for voter registration is perjury, punishable by imprisonment for up to 10 years, and a violation of the election laws, punishable by a fine of up to \$1,000, or by imprisonment for up to 5 years, or both.

PERSONAL RECORDS NOTICE/CONFIDENTIALITY

This form collects personal information for voter registration purposes. If you are not registered to vote and you refuse to provide this information, you will not be allowed to vote in Maryland. You may update your voter registration at any time at your County Board of Elections. Except for items specified as confidential, voter registration records are generally available for public inspection; they may also be shared with jury commissioners/clerks or other government agencies as provided by law. The law prohibits use of voter registration records for commercial solicitation purposes. If you decline to register to vote, that fact will remain confidential and will be used only for voter registration purposes.

If you register to vote, the identity of the office at which the application is submitted will remain confidential and will be used only for voter registration purposes.

The Maryland Safe at Home Address Confidentiality Program (ACP) is administered by the Office of the Secretary of State and provides an important service to victims of domestic violence and human trafficking. For more information about this Program please call 1-800-633-9657, ext. 3875.

QUESTIONS

Visit the State Board of Elections website at www.elections.maryland.gov to verify your registration, find your polling place, and find out other important information. If you have any questions, call your County Board of Elections or the State Board of Elections at the numbers listed on the back of the application.



Large type Voter Registration Applications available upon request to your County Board of Elections or the State Board of Elections.

Detach this panel before mailing.

VOTER REGISTRATION APPLICATION

PLEASE COMPLETE IN BLACK INK – DETACH FORM AND FOLD WHERE INDICATED TO MAIL

1	Are you at least 16 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer NO to either question, do not complete this form.						
2	Check boxes that apply and complete Items 3–12. <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Party Affiliation Change <input type="checkbox"/> Address Change						
3	Last Name	First Name	Middle	Suffix			
4	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified or Other	5	Birth Date:	Month	Date	Year	
6a	MARYLAND Driver's License or MVA ID Number MANDATORY (if you have neither see instructions)						
6b	Social Security Number (last 4 digits)	6c	<input type="checkbox"/> Check here if you do not have either a current, valid Maryland driver's license / MVA ID card or a Social Security Number				
7	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip Code	County
<input type="checkbox"/> Check here if you reside in Baltimore City.							
8	Mailing Address (if different from Item 7)						
9	You must register with a political party if you want to take part in the political party's primary election, caucus, or convention. Check one box only.						
Party (check one): <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Bread and Roses Party <input type="checkbox"/> Working Class Party <input type="checkbox"/> Unaffiliated (independent of any party) <input type="checkbox"/> Other – Specify _____							
10	CONTACT INFORMATION						
Daytime Phone:			Email (optional):				
11	<input type="checkbox"/> Check here if you need help voting. <input type="checkbox"/> Check here if you would like to be an election judge.						
12	Under penalty of perjury, I hereby swear or affirm: I am a U.S. citizen. ■ I am a Maryland resident. ■ I am at least 16 years old. ■ I have not been convicted of buying or selling votes. ■ I have not been convicted of a felony, or if I have, I have completed serving a court-ordered sentence of imprisonment. The information in this application is true to the best of my knowledge, information and belief.						
Signature (required)			Date				
X							

LAST VOTER REGISTRATION INFORMATION (if applicable)

A	Name on Last Registration:	Last Name	Title (Jr., Sr., etc.)	First Name	Middle Name	Date of Birth	
B	Address on Last Registration:	Street Number	Street Name	Apt. No.	City or Town	Zip Code	State

Applicant's Return Address



**Place
Stamp
Here**

County Board of Elections

↑ Fold here and close with adhesive strip to mail. ↑

County Board of Elections

OPEN HERE ↑

OPEN HERE ↑



To:

Maryland State Board of Elections SBE 03-202-1 Rev 04/20 VRA

State Board of Elections • P.O. Box 6486 • Annapolis, MD 21401-0486 • www.elections.maryland.gov • 800-222-8683 • MD Relay Service (800) 735-2258

County Board of Elections

- Allagany County**
701 Kelly Road, Suite 231
Cumberland, MD 21502-2887
301-777-5931
- Anne Arundel County**
P.O. Box 490
Glen Burnie, MD 21060-0490
410-222-6600
- Baltimore City**
Charles L. Benton Bldg.
417 E. Fayette Street, Rm. 129
Baltimore, MD 21202-3432
410-396-5550
- Baltimore County**
P.O. Box 798
Cockeysville, MD 21030-0798
410-887-5700
- Calvert County**
P.O. Box 798
Prince Frederick, MD 20678-0798
410-535-2214
- Caroline County**
Health & Public Services Bldg.
403 S. Seventh Street, Suite 247
Denton, MD 21629-1378
410-479-8145
- Carroll County**
300 S. Center Street, Rm. 212
Westminster, MD 21157-5366
410-386-2080
- Cecil County**
200 Chesapeake Blvd.
Suite 1900
Elkton, MD 21921-6395
410-996-5310
- Charles County**
P.O. Box 908
La Plata, MD 20646-0908
301-934-8972
- Dorchester County**
501 Court Lane, Room 105
P.O. Box 414
Cambridge, MD 21613-0414
410-228-2560
- Frederick County**
340A Montevue Lane
Frederick, MD 21702
301-600-VOTE (8683)
- Garrett County**
Public Service Center
2008 Maryland Highway, Suite 1
Mountain Lake Park, MD 21550-6349
301-334-6985
- Harford County**
133 Industry Lane
Forest Hill, MD 21050-1621
410-638-3565
- Howard County**
9770 Patuxent Woods Drive, Suite 200
Columbia, MD 21046
410-313-5820
- Kent County**
135 Dixon Drive
Chestertown, MD 21620-1141
410-778-0038
- Montgomery County**
P.O. Box 4333
Rockville, MD 20849-4333
240-777-VOTE (8683)
- Prince George's County**
1100 Mercantile Lane, Suite 115A
Largo, MD 20774
301-341-7300
- Queen Anne's County**
110 Vincit St, Suite 102
Centreville, MD 21617-0274
410-758-0832
- St. Mary's County**
P.O. Box 197
Leonardtown, MD 20650-0197
301-475-4200 ext. *1625
- Somerset County**
P.O. Box 96
Princess Anne, MD 21853-0096
410-651-0767
- Talbot County**
P.O. Box 353
Easton, MD 21601-0353
410-770-8099
- Washington County**
P.O. Box 3147
Hagerstown, MD 21741-3147
240-313-2050
- Wicomico County**
P.O. Box 4091
Salisbury, MD 21803-4091
410-548-4830
- Worcester County**
201 Belt Street
Suite C
Snow Hill, MD 21863-1300
410-632-1320