

This application is for a half fare card to use on Allegany County Transit's Fixed Route Bus Service. By completing this application the applicant authorized the release of the information to Allegany County Transit.

Section I: To Be Completed by Applicant (please print or type)

Last Name	First Name	Middle Initial	
Street Address		Apt. #	
City / /	State	Zip	Phone
Month Day Year of Birth	Signature		

Section 2: To Be Complete by Health Care Professional (please print or type)

Dear Health Care Professional:

Your assistance is requested in completing this form and providing information regarding your patient's documented disability. Persons with disabilities are defined by FTA as persons "who by reason of illness, injury, age, congenital malfunction, or other incapacity or temporary or permanent disability (including any individual who is a wheelchair user or has semi-ambulatory capabilities), cannot use effectively, without special facilities, planning, or design, mass transportation service or a mass transportation facility." If you have any questions, please do not hesitate to contact us 301-722-6360 Monday – Friday 8 am to 4 pm.

Does the individual have a functional or cognitive disability that can be documented? YES NO

What is the condition causing the disability?

Is the impairment permanent YES NO

If no, duration of impairment: _____

Health Care Professional's Name

Office Street Address Suite #

City State Zip Phone

I hereby certify this information is true and correct.

/ /

Month Day Year Signature

**Please send completed applications to Allegany County Transit
1000 Lafayette Avenue
Cumberland, MD 21502**

or by Fax: 301-722-0326

FOR OFFICE USE ONLY

Date Card Issued: _____ Expiration Date (if applicable): _____

Card #: _____ Staff Initials: _____ Application Received: _____