Specialized Services Application

Please complete this application entirely. Incomplete applications will be returned.

Section 1 General Information

Name _____ Home #: _____

Street Address _____ Work #: _____

City _____ State _____ Zip _____ TDD/TTY: ☐ Yes ☐ No

Mailing Address _____

City _____ State _____ Zip _____

Date of Birth _____ Current Age _____ ☐ Male ☐ Female

Is there someone to contact in the event of an emergency? ☐ Yes ☐ No

Name _____ Relationship to Applicant: _____

Street Address _____ Home #: _____

City _____ State _____ Zip _____ Work #: _____

VanGO services you are applying for?

Door to Door Service for seniors and/or disabled ☐ Transportation to Dialysis ☐

Reduced Fare Card ☐ Transportation to Senior Center ☐

For Office Use Only **Specialized Service Authorization**

☐ ADA ☐ Demand Response ☐ Reduced Fare Card ☐ Subscription Service ☐ Update

Determination:

☐ Approval

☐ Denial

_____
Transportation Specialist

_____
Transportation Development Administrator

Notes

Section 2 Disability Information

This section must be completed by applicants requesting specialized service or reduced fare based on disability. The information obtained will be used for determining eligibility and must be professionally verified. Information will be maintained confidentially by VanGO and will be shared with other transit providers only when required to establish eligibility and facilitate travel in jurisdictions outside Charles County.

Type(s) of Disability **Define/Describe**

- ☐ physical _____
- ☐ developmental _____
- ☐ mental illness _____
- ☐ visual impairment _____
- ☐ other (describe) _____

Disability Duration ☐ permanent ☐ temporary until _____ ☐ unknown

Mobility Aides/Equipment Used

☐ manual wheelchair	☐ alphabet board	☐ cane	☐ walker
☐ powered wheelchair	☐ picture board	☐ crutches	☐ braces
☐ powered scooter/cart	☐ service animal	☐ oxygen	☐ hearing aid

☐ other (describe) _____

Note: wheelchairs/scooters longer than 48" or wider than 30" may not be accommodated.
Total combined weight of wheelchair/scooter and individual may not be accommodated if over 600 pounds.

How much does your wheelchair or motorized scooter/cart weigh? _____

Describe in detail each disability defined above and explain how it prevents you from using public transit.

Disability	How it PREVENTS you from using public transit

Are there any other effects of your disability that we need to be aware of ?

☐ obesity/weight	☐ seizures	☐ shortness of breath
☐ paralysis	☐ dizziness	☐ other (describe): _____

If you checked obese, please give an estimate of your weight: _____ height: _____

Are you able to travel without any assistance? ☐ Yes ☐ No

If no, please provide information on who will accompany you:

Name _____

Reason Required _____

Section 2 Disability Information continued

Training

Please answer each question completely.

1. Would mobility training allow you to utilize VanGO's public transit system?

   YES ☐ NO ☐ If no, why not ? _____

2. If visually impaired, would visual impairment training allow you to use VanGO's public transit system ? YES ☐ NO ☐ If no, why not ? _____

3. Please detail how adverse weather effects your disability.

   Adverse Cold (below 35 degrees) _____

   Adverse heat (above 85 degrees) _____

4. Are you currently taking or scheduled to take therapy for your disability? Yes ☐ No ☐

   If so, How long will your therapy last. _____ Until _____

5. Are you currently on the State's Medical Assistance Program ? Yes ☐ No ☐

   If yes, please provide your Medical Assistance Card Number: _____

6. Have you ever served in the United States Military? Yes ☐ No ☐

Section 3 Service Information

Destinations

Note: Eligibility determinations are partly based on location, so please identify all possible destinations for consideration.

Destination	Address	Frequency	How do you get there now?

2. Are you able to travel from your door to the curb or driveway without human assistance?

☐ Yes ☐ No If no, please explain: _____

3. What is the nearest major intersection to your home? _____

4. Directions to your home: _____

5. Please identify any physical barriers between your house and the nearest VanGO stop that prevent you from using VanGO's public transit system. _____

Dialysis Patients Only

Dialysis Center attending: _____

Days you currently attend: _____

Shift or time assigned: _____

Section 4 Applicant Certification

I certify that the preceding information is true and correct. I authorize VanGO to verify the information and to use any information provided to arrange transportation service, including sharing information with drivers and/ or contacting my physicians or other professionals regarding my request for specialized transportation.

Signature: _____ Date: _____

Optional:
I authorize VanGO to share relevant information with Emergency Management personnel in the event of a wide-spread disaster or emergency in order to assist with the provision of emergency services.

Signature: _____ Date: _____

If this application was completed by and or authorized by someone other than the individual requesting the specialized service, please complete the following:

Name _____ Relationship to applicant: _____

Street Address _____ Home #: _____

City _____ State _____ Zip _____ Work #: _____

Reason applicant was unable to complete individually: _____

Signature: _____ Date: _____

Section 5 Request for Professional Verification

Please complete this application entirely. Incomplete applications will be returned to the applicant.

Dear Health Care Professional:

You are being asked by _____ (applicant) to provide information regarding his/her ability to use our transit services. Federal law requires that VanGO provide paratransit services to persons who cannot use fixed-route transit services. The information you provide will allow us to determine the applicant's eligibility for service.

To qualify for VanGO paratransit service, a person must be unable to use regular public transit due to a physical or mental disability. Individuals qualify if:

1. as the result of their disability, he/she cannot board, ride, or disembark from a VanGO bus; or

2. he/she has a specific impairment-related condition which prevents him/her from getting to or from a bus stop.

PLEASE NOTE: This does not include applicants who find it uncomfortable or difficult to get to and from bus stops. Individuals must be prevented from accessing the service to qualify.

Resources for this program are limited and your evaluation of each person must be based solely upon the individual's ability to use regular transit. Your verification should consider only the presence of a disabling condition, not the applicant's age or economic status. Please exercise care in evaluating applicants for this program. False verification could result in travel limitation for persons legitimately qualified to use the program.

Relationship to the applicant: _____

Describe in detail each disability and explain how it prevents the applicant from using public transit.

Disability	How it PREVENTS the applicant from using public transit

Are there other effects of the applicants disability which we need to be aware of ?

obesity/weight ☐ seizures ☐ shortness of breath ☐ memory loss ☐

paralysis ☐ dizziness ☐ other ☐ _____

If you checked obesity, please indicate the applicants: Ht _____ and Wt _____

Are the applicants disabilities:

Permanent ☐ Temporary ☐ until _____

Unknown ☐

Is this applicants disability affected by the weather? If so, please explain how. _____

Request for Professional Verification, continued

Please complete this application entirely. Incomplete applications will be returned to the applicant.

The Applicant can:	Fully	With Some Difficulty	With Extreme Difficulty	Not at All
Walk without assistance				
Walk 200 feet (1 Block) without assistance	☐	☐	☐	☐
Walk 400 feet (2 Blocks) without assistance	☐	☐	☐	☐
Walk 600 feet (3 Blocks) without assistance	☐	☐	☐	☐
Walk 1320 feet (1/4 mi) without assistance	☐	☐	☐	☐
Walk 2640 feet (1/2 mi) without assistance	☐	☐	☐	☐
Walk 2960 feet (3/4 mi) without assistance	☐	☐	☐	☐
Travel with a mobility aid				
Travel 200 feet (1 Block) with the use of a mobility aid	☐	☐	☐	☐
Travel 400 Feet (2 Blocks) with the use of a mobility aid	☐	☐	☐	☐
Travel 600 feet (3 Blocks) with the use of a mobility aid	☐	☐	☐	☐
Travel 1320 feet (1/4 mi) with the use of a mobility aid	☐	☐	☐	☐
Walk 2640 feet (1/2 mi) without assistance	☐	☐	☐	☐
Walk 2960 feet (3/4 mi) without assistance	☐	☐	☐	☐
All Applicants				
Board or disembark a VanGO Bus independently	☐	☐	☐	☐
Recognize VanGO vehicle without assistance	☐	☐	☐	☐
Wait at a location WITH shelters and/or benches	☐	☐	☐	☐
Wait at a location WITHOUT shelters and/or benches	☐	☐	☐	☐
Plan trip and interpret schedules independently	☐	☐	☐	☐
Plan trip and interpret schedules with assistance	☐	☐	☐	☐

Professional's Name: _____ Office #: _____

Occupation/Title: _____ Fax #: _____

Organization: _____

Street Address _____

City _____ State _____ Zip_____

I hereby certify that the above information provided regarding the applicant is true. VanGO will make the final determination on an applicant's eligibility for VanGO paratransit service.

Signature: _____ Date: _____

Return application to

Please ensure the application is completed and signed.

Email to VanGO@CharlesCountyMD.Gov or Fax 301-934-0107

Contact Information

Transit Division: 301-645-0642
Relay Service TDD: 800-735-2258