

Please complete and mail, fax or drop off at the County Commuter office.

Washington County Transit
County Commuter
1000 W. Washington St. Hagerstown, MD 21740
Phone 240-313-2750 Fax 301-791-3343

REDUCED FARE APPLICATION

RIDE ASSIST VOUCHER APPLICATION

ELIGIBILITY REQUIREMENTS

- Applicant age 60+ years must complete Section 1 and provide proof of age (i.e. Medicare card, Birth Certificate or other document showing proof of age).
- Applicant under age 60 with a disability must complete Section 1 and have a healthcare professional complete Section 2.

SECTION 1 - PLEASE PRINT

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Birthdate _____
Applicant's Signature _____ Date _____

SECTION 2 Must be completed by healthcare professional, if applicant under age 60 with a disability

Patient's Name _____
Is the disability temporary or permanent? _____
Length of disability, if temporary _____
Briefly, state nature of disability _____

Name of healthcare professional completing form _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Healthcare Professional's Signature _____ Date _____

SECTION 3 For County Commuter Office Use Only

Date Rec'd _____
Approved Y _____ N _____
Temp _____ Perm _____
Date Approved: _____
Proof of Eligibility _____
ID Card #: _____
Issued by: _____