

**Washington County Public Transportation Department**  
*County Commuter*  
1000 W. Washington St. Hagerstown, Md. 21740  
**Phone: 240-313-2750**  
**Fax: 301-791-3343**

**RIDE ASSIST APPLICATION**  
**(SSTAP – TAXI VOUCHER PROGRAM)**

**ELIGIBILITY REQUIREMENTS**

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

**SECTION 1 - PLEASE PRINT**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION 2**

**Must be completed by a 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: \_\_\_\_\_

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Name of healthcare professional completing form: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Healthcare Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION 3**

**Must be completed by County Commuter Office.** Date: \_\_\_\_\_

Proof of Eligibility: \_\_\_\_\_

Issued by: \_\_\_\_\_ ID Card #: \_\_\_\_\_