

ALLEGANY COUNTY TRANSIT

1000 Lafayette Avenue
Cumberland, Maryland 21502
FAX 301-722-0326

ALLTRANS 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: _____

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: _____

Name of healthcare professional completing form: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Healthcare Professional's Signature: _____ Date: _____

SECTION 3

Must be completed by County Transit Office. Date: _____

Proof of Eligibility: _____

Approved By: _____

MAIL OR FAX TO ALLEGANY COUNTY TRANSIT
1000 LAFAYETTE AVE., CUMBERLAND, MD., 21052
FAX 301-722-0326