

Shore Transit's Transportation Services

Fixed Route Service -

This service provides transportation along designated routes in Somerset, Wicomico and Worcester Counties. Each route has designated stops and times, where the bus will pick up and drop off customers. This service is an economical means of transportation.

Qualified elderly and/or disabled customers pay discounted fare on fixed routes for each bus boarded.

Children 42" in height or under ride free. Fixed Route Schedules are available on the buses and at our Customer Service Center at 31901 Tri-County Way Ste. 133 Salisbury, MD 21804



**31901 Tri-County Way
Suite # 133
Salisbury, MD 21804**



(phone) 443-260-2300



(fax) 410-677-4895



(email) info@shoretransit.org

www.shoretransit.org

Shore Transit assures that no person shall, on the grounds of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Act of 1987, be excluded from the participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity. For more information or to file a complaint, please contact the Shore Transit Mobility Office at 410-341-4400.

Shore Ride -

This service provides transportation in the rural areas of Somerset, Wicomico and Worcester Counties to the closest fixed route bus stop or a local destination. The qualified rider pays a discounted fare for Shore Ride. Children 42" or less ride free. Shore Ride customers must contact the Customer Service Center at 443-260-2300 by 12 noon the business day before services are required to schedule a ride.



Shore Ride services are provided on a first come, first serve basis.

ADA (Americans with Disabilities Act) -

ADA transportation services are provided for those customers whose disability prevents them from accessing Shore Transit's fixed route services. ADA transportation services are provided within three-quarters (3/4) of a mile on either side of a fixed route and operates during the hours of the fixed routes. The fare for this service is \$5.00 a trip. No discounts can be offered for this specialized service. To schedule a ride, ADA customers must call the Customer Service Center at 443-260-2300, by 4 p.m. the business day before services are required.

**See other side for application.
Completion by your Healthcare Provider is Required.**



transit fixed route discount pass application

revised 9/2016



Designed for Customers with a documented disability *and/or*

Senior Citizens (65 years of age or older) who qualify for a discounted fare & do not require Shore Transit's Specialized Transportation Services

If you have a disability and would like to apply for a discounted fare for fixed route services, please have your healthcare provider complete this form and return it to:

shore transit
31901 tri-county way * suite 133
salisbury, md * 21804
ph- 443-260-2300 * info@shoretransit.org
www.shoretransit.org

Dear Medical Professional:

Your assistance is requested in completing this form and providing information regarding your patient's documented disability.

Once the application has been completed and received, Shore Transit will make arrangements to issue the applicant a photo ID card which will allow for transportation service at a discounted fare on fixed routes and Shore Ride. Eligibility for this discounted fare is determined for those individuals who meet the criteria of this fully executed disability form and/or the individual is sixty-five (65) years of age or older. For your information, all of Shore Transit's fixed route buses are equipped with wheelchair lifts and voice announcements of major stops.

Shore Transit offers travel training for customers who require individualized training in order to access these services. **This application is not intended for ADA certification..**

If you have questions, please contact our Certifications Coordinator at 443-260-2300, Monday through Friday, 8.a.m. to 4 p.m.

Applicant's Name: _____

Address: _____

Home Phone: _____ DOB: _____ Emergency Contact & Number: _____

Health Care Professional Verification

1. Does the individual have a functional or cognitive disability that can be documented? _____ Yes _____ No

2. What is the condition causing the disability? _____

3. What is the expected duration of the disability? _____

4. What mobility aids does the individual currently use (if any)

_____ Manual Wheelchair _____ Powered Scooter _____ Powered Wheelchair _____ Walker _____ Cane

_____ Portable Oxygen _____ White Cane _____ Crutches Other (please specify) _____

Please indicate (with a ✓) the individual's ability to independently perform the following functions using the most effective mobility aid:

	Little or No Difficulty	Discomfort And/or Inconvenience	Severe Pain & Additional Impairment	Impossible or Likely To Cause a Serious Medical Crisis
Travel Independently to and from the nearest bus stop or Up to 1/4 Mile				
Identify the correct bus stop or transfer point				
Go up and down three 12-inch steps using a handrail				
Ask for, understand and carry out instructions to take a trip				

I hereby certify this information is true and correct.

Health Care Professional
Printed Name _____

Health Care Professional Signature _____

Date _____

Phone # _____