



WCT

Washington County Transit
1000 W. Washington St. Hagerstown, MD 21740
Phone 240-313-2750

If you **DO NOT** have a State Issued ID or a Medicaid or Medicare card, please complete then mail or drop off at the Washington County Transit office.

Reduced Fare Application

ELIGIBILITY REQUIREMENTS

- Applicant age 60+ years (without a valid state or military ID) complete Section 1 and provide proof of age
- Applicant under age 60 with a disability (complete Section 1 and have a healthcare professional complete Section 2)
- Applicant who is a U.S. veteran (any age)

SECTION 1 - PLEASE PRINT

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

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

For WCT Office Use Only

Approved By: _____ Date: _____ ID Issued: Y / N