



St. Mary's County Department of Aging & Human Services

Senior Rides Program

P.O. Box 653. Leonardtown. MD 20650



"Give Seniors A Lift"

Rider Application

Date: _____ Name: _____

Street Address: _____ Mailing Address: _____

City: _____ Zip Code: _____ Phone: _____

Date of Birth: _____ Are you a veteran? Yes No

Emergency Contact: _____ Contact Number: _____

Is your individual monthly gross income above or below \$5,020 per month? Above Below

If married, is your combined monthly gross income above or below \$6,813? Above Below

Do you drive yourself when able? Yes No Notes: _____

Do you use STS transportation? Yes No If no, why? _____

If No, have you completed an application? Yes No

Do you have Medical Assistance: Yes No If yes, Medical Assistance #: _____

If yes, do you use the Health Department medical transportation? Yes No

Do you use any of the following mobility aides/equipment: (Circle)

Cane Walker Hearing Aid Oxygen Other: _____

Do you have any of the following type(s) of disability we should be aware of: (Circle)

Physical Mental Visual Hearing Other: _____

Do you need assistance in/out of vehicle? Yes No Does anyone travel with you? Yes No

Do you need assistance from the driver? (Circle) Walking into doctor's office / from your house / to the car

Directions to Home: _____

For Office Use Only:

Does rider qualify for the SMC Senior Rides Program? Yes ___ No ___ Date _____

Welcome letter & packet sent? Yes ___ No ___ Date _____



Senior Rides

St. Mary's County Government
Department of Aging & Human Services
41780 Baldrige Street
P.O. Box 653
Leonardtown, MD 20650
Phone: 301-475-4200, ext. 1066
Fax: 301-475-4503

Ridership Release/Waiver

The Senior Rides Program provides door to door transportation for persons 60 years of age and older by volunteer drivers using their own vehicles. Participation in the Program does not guarantee the delivery of transportation services nor is it the responsibility of the volunteer to provide services beyond the scope of transportation.

The Department of Aging & Human Services reserves the right to discontinue service to riders who exhibit inappropriate behavior or are no longer cognitively or physically able to maintain independence. The Department also reserves the right to terminate service in the event that information provided on the application is found to be false.

The undersigned understands and expressly assumes all risks involved in participation in the Senior Rides Program.

The undersigned shall indemnify and hold harmless St. Mary's County Government and its officials, employees, and agents from and against any and all liabilities, judgments, settlements, losses, costs, or charges (including attorney fees) incurred as a result of any claim, demand, action or suit relating to any bodily injury (including death) losses, property damage caused by, arising out of, related to, or associated with this activity.

Printed Name of Rider

Date of Signature

Signature of Rider