

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

Senior Rides Program

P.O. Box 653, Leonardtown, MD 20650



Rider Application

Date: Name:		
Street Address:	Mailin	g Address:
City:	Zip Code:	Phone:
Date of Birth:	Are yo	ou a veteran? 🗌 Yes 🔲 No
Emergency Contact:	Contact I	Number:
Is your individual monthly gross inco	ome above or below \$5,216	per month? Above Below
If married, is your combined monthly	y gross income above or be	low \$7,050? ☐ 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 applica	ntion?	
Do you have Medical Assistance:	Yes No If yes, Medica	al Assistance #:
If yes, do you use the Health Departn	nent medical transportation	n? Yes No
Do you use any of the following mobi Cane Walker Hearing Aid C		le)
Do you have any of the following typo Physical Mental Visual	e(s) of disability we should	
Do you need assistance in/out of vehic	cle? Yes No Does	anyone travel with you? Yes No
Do you need assistance from the driv	er? (Circle) Walking into d	octor's office / from your house / to the car
Directions to Home:		
For Office Use Only: Does rider qualify for the SMC Senior Rides Welcome letter & packet sent? Yes N	s Program? Yes No D	ate



St. Mary's County Government Department of Aging & Human Services 41780 Baldridge 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	-
Signature of Kidel	