



Public Health
Prevent. Promote. Protect.
Harford County
Health Department

MEDICAL ASSISTANCE TRANSPORTATION QUESTIONNAIRE

Harford County Health Department

120 S. Hays Street

Bel Air, Maryland 21014

410-638-1671 – fax 443-643-0344

Name: _____ MA #: _____ Date Sent: _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

Your reply is **REQUIRED within 15 days** in order to continue using this service.

- _____ 1. Can you walk to your medical appointment?
- _____ 2. Do you or any member of your household own a vehicle?
- _____ 3. Do you have a family member **NOT LIVING** with you that could assist with your transport to your medical appointment?
- _____ 4. Do you have a friend or volunteer that could assist with your transport to your medical appointment?
- _____ 5. Does the public transportation (bus service) operate between your home and your medical appointments?
- _____ 6. How far do you live from public transit?
- _____ 7. Are you able to reschedule your medical appointments should other transportation mentioned above be available?
- _____ 8. Do you have a physical or mental disability that prohibits you from using public transportation? Are you in a wheelchair?

If you answered (YES) to any of the above questions, please tell us why you require this service. _____

How did you previously reach your medical appointments? _____

How do you get to your non-medical appointments? _____

Please sign and return. Thank you.

(Signature)

(Date)

In addition to this questionnaire, please have your physician complete the enclosed certification form and return it to our office as soon as possible.

For Official Use Only

Referrals to other resources: _____

Eligibility Determination: _____ Eligible _____ Ineligible Reason: _____