



For Office Use Only	
Recommendation:	<input type="checkbox"/> Approval <input type="checkbox"/> Denial
Screening completed	<input type="checkbox"/> Yes
VanGO Transportation Staff	

Medical Assistance Referral Application

Section 1 General Information

Name _____ Home #: _____
 Street Address _____ Work #: _____
 City _____ State _____ Zip _____
 Date of Birth _____ Current Age _____ Male Female
 Medical Assistance Card #: _____ Insurance Carrier: _____

Mobility Aides/Equipment Used

manual/powerd wheelchair walker crutches walker
 powered scooter/cart cane oxygen other

**Note: wheelchairs/scooters longer than 48" or wider than 30" may not be accommodated.
 Total combined weight of wheelchair/scooter and individual may not be accommodated if over 600 pounds.**

Is there someone to contact in the event of an emergency? Yes No
 Name _____ Relationship to Applicant: _____
 Street Address _____ Home #: _____
 City _____ State _____ Zip _____ Work #: _____

Section 2 Appointment Details

**Service available: Mon. & Wed. to the Washington DC area, appointments between 10:00 AM - 12:00 PM)
 Tues. & Thurs. to the Baltimore area, appointments between 10:00 AM - 12:00 PM)**

Appointment Date: _____ Appointment Time: _____
 Physician Name: _____ Dept Name: _____
 Office #: _____ Address: _____
 Reason for request of service: _____
 What days and times is this service available? _____
 Is this service available in Charles County? Yes No If not, where is the nearest location? _____

Section 3 Professional Verification

Professional's Name: _____ Office #: _____
 Occupation/Title: _____ Fax #: _____
 Organization: _____ MCI #: _____
 Street Address _____
 City _____ State _____ Zip _____

I hereby certify that the above information provided regarding the applicant is true. VanGO will make the final determination on an applicant's eligibility for VanGO service.

Signature: _____ Date: _____

Return application to

Please ensure the application is completed and signed.

Revised March 1, 2011

Mail to: Charles County Department of Community Services
 VanGO Transportation
 8190 Port Tobacco Road
 Port Tobacco, MD 20677

Fax to: 301-934-0107
Questions: 301-934-0114