

## Reimbursement for the transportation you need!

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The Cecil County Transportation Reimbursement Program, **formerly the Taxi Voucher Program**, is designed to ease the burden of travel and give participants greater choice in their transportation!

Registered participants can apply for a limited amount of reimbursement, with proper documentation and receipts, for taxi and/or TNC transportation services each fiscal year (July-June). More details inside!

**REIMBURSEMENT IS SUBJECT TO FUNDING AVAILABILITY**



## Cecil Transit

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200 Chesapeake Blvd  
Suite 2500  
Elkton, MD 21921

Phone:  
410-996-5295  
Option #2

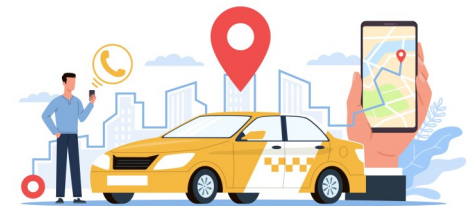
Fax:  
410-620-9483

E-mail:  
[TransitHelp@ccgov.org](mailto:TransitHelp@ccgov.org)

## Cecil County Transportation Reimbursement Program

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Formerly the Taxi Voucher  
Program



**Brought to you by:**



## Who qualifies?

Cecil County residents over the age of 18 can qualify for the Transportation Reimbursement Program based on the following criteria:

- Being over the age of 60
- Being on permanent or temporary disability (As verified by a healthcare professional)\*
- Having low income (Under \$25,760 for individuals, limit scales with household size)\*

**\*Disability Verification Form must be completed by a relevant medical professional. Income Certification must include proof of income, such as consecutive paystubs or benefit statements.**

**PARTICIPANTS MUST REAPPLY YEARLY**

**PROGRAM PARTICIPATION DOES NOT GUARANTEE REIMBURSEMENT. REIMBURSEMENT IS SUBJECT TO FUNDING AVAILABILITY. FUNDING LIMITS WILL BE POSTED AND UPDATED ON [WWW.CECILTRANSIT.COM](http://WWW.CECILTRANSIT.COM)**

**A 30 DAY NOTICE WILL BE MAILED & POSTED ONLINE IN THE EVENT THAT FUNDING IS UNAVAILABLE**

## Reimbursement Procedure

- **Take your ride!** Once qualified, participants can be reimbursed funds spent on travel with verified and established taxi services or TNC's (Uber/Lyft) operating in Cecil County. ***Riders must pay full fare up-front.*** **Reimbursement can be submitted once per month. The minimum reimbursement amount is \$50**
- **Keep all your receipts!** A reimbursement form must be completed and turned in with receipts for each trip claimed. Receipts can either be printed or be screenshots of app-based receipts or credit card statements. **Receipts must include full date and be within the current program year (July-June).**
- **Wait for your reimbursement!** Reimbursement requests will be processed upon receipt. Check processing may take up to 30 days. The check will be sent directly to the address you provide.
- **First come, first serve!** This program has limited funding and capacity. Potential participants will be placed on a waiting list if the program is at capacity. **The waiting list will be reviewed monthly. Inactive participants will be removed from the program.**

## Application Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse Name (if Applicable) \_\_\_\_\_

### **Annual Income Information:**

Self: \$ \_\_\_\_\_

Spouse: \$ \_\_\_\_\_

***Must include proof of income and completed income verification form***

**Disability Information:** If you have a disability, explain: \_\_\_\_\_

***Must include disability verification form***

I understand that this information is confidential and will be used only to determine my eligibility for the TRANSPORTATION REIMBURSEMENT PROGRAM. I certify that all information on this form is true and correct. I agree to release and hold harmless Cecil County Maryland, its elected and appointed officials, employees and volunteers from all liability, actions, or causes of action, for damages or personal injury arising from participation related to the taxi voucher program, including, but not limited to taxi transportation which I voluntarily participate in. Submitting fraudulent receipts for rides may result in suspension or termination from the program. **Cecil Transit reserves the right to refuse reimbursement for any receipt without cause.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_