Call-n-Ride Program
101 Monroe Street, 5th Floor, Rockville, MD 20850
Tel: (301) 948-5409 • Fax: (240) 556-0999 • E-mail: cnrorder@montgomerycountymd.gov

Call-n-Ride (CNR) Application

SECTION 1 - PERSONAL INFORMATION

Last Name:		First Name:	
Home #:	Cell #:	Date of Birth:	☐ M ☐ F
Email:			

SECTION 2 - HOME ADDRESS

Street Address:		Apt #:
City:	State:	Zip Code:

SECTION 3 - MAILING ADDRESS *(If different from home address)*

Street Address/PO Box #:		Apt #:
City:	State:	Zip Code:

Do you live in a group, nursing, assisted living or retirement home? ☐ **YES** ☐ **NO**

SECTION 4 – SECONDARY CONTACT / AUTHORIZED REPRESENTATIVE

I, the applicant, hereby authorize the individual listed below to act as my liaison on all Call-n-Ride Program matters.
Will this person sign the application on your behalf? ☐ **YES** ☐ **NO**

Last Name:	First Name:
Relationship:	Telephone #:
Email:	

SECTION 5 - LANGUAGE

Do you require an interpreter? ☐ YES ☐ NO	What language do you speak?

SECTION 6 – MONTHLY HOUSEHOLD INCOME INFORMATION [Income for yourself and ALL adults (18+) household members]

Source	Amount	Source	Amount
Employment	$	Pension / Retirement / Annuity	$
SSI / SSDI / SS Benefits	$	Other:	$
HOUSEHOLD SIZE:		**TOTAL HOUSEHOLD INCOME:**	$

SECTION 7 - DISABILITY INFORMATION

Do you have a disability? ☐ Yes ☐ No	Do you exclusively require wheelchair accessible taxis? ☐ Yes ☐ No

SECTION 9 – PHOTOGRAPH

Please provide a recent wallet/passport size photograph of yourself to go on your swipe card. *(Recommended but not required)*.

SECTION 10 – Signature (required)

The information I have provided is confidential and is to be used only to determine my eligibility to participate in the Call-n-Ride Program. I certify that all information contained in this form is true and accurate.

_____ _____
Signature ***Date***

Call-n-Ride (CNR) APPLICATION INSTRUCTIONS

PLEASE PRINT CLEARLY AND COMPLETELY – FAILURE TO DO SO WILL RESULT IN DELAYS AS INCOMPLETE AND ILLEGIBLE FORMS WILL BE RETURNED.

SECTION 1 - PERSONAL INFORMATION	Please provide your name, address, contact numbers and email address.
SECTION 2 - HOME ADDRESS	**You must provide your current home address**.
SECTION 3 - MAILING ADDRESS	If you prefer to receive your mail at an alternate address, please provide that address here. Provide "In Care of Name" information, if applicable. **(ex. c/o John Downy)**
SECTION 4 - SECONDARY CONTACT / AUTHORIZED REPRESENTATIVE	You may give a trusted person (relative, friend, or caseworker etc.) permission to act as a liaison on all matters related to your Call-n-Ride Program account. You can always change your representative by notifying the Call-n-Ride Program office.
SECTION 5 - LANGUAGE	Indicate if an interpreter is needed and the language you speak.
SECTION 6 - HOUSEHOLD INCOME INFORMATION	**List ALL sources of monthly income for ALL adult (18+) household members.** **Household Income:** The tax filer, their spouse, and other dependents claimed on Annual Tax Return **OR** Combined taxable or non-taxable income (Retirement, SSI / SSDI / SS Benefits, Employment, or Other) of all adult (18+) members of a household.
SECTION 7 - DISABILITY INFORMATION	**As required, applicants ages 18-62 must have a disability to participate in the program.** If you answered YES and you are 18 to 62 years of age, you must request a Disability Certification Form and have it completed by a licensed physician, physician's assistant, certified registered nurse practitioner. Please indicate if you require a wheelchair accessible taxi.
SECTION 8 - PHOTOGRAPH	You may submit a photograph for your Call-n-Ride swipe card, but it is not required.
SECTION 9 - SIGNATURE	The form must be signed and dated before it can be processed.

REQUIRED DOCUMENTS FOR PROGRAM ELIGIBILITY

Please send one or more of the following documents. THE DOCUMENTS MUST BE CURRENT – WITHIN THE LAST SIX MONTHS.

PROOF OF AGE:	• Copy of Maryland Driver's License or Maryland Identification Card from the MVA (**MUST BE CURRENT**) • Birth Certificate • Social Security Statement with the date of birth listed on file • Permanent Resident Card or Passport • Any other government issued identification
PROOF OF CURRENT RESIDENCE IN MONTGOMERY COUNTY: *Please send **one or more** of the following documents. THE DOCUMENTS MUST BE CURRENT – WITHIN THE LAST SIX MONTHS.*	***All pages of documentation*** ***Name and address information must be listed*** • **RECENT** Social Security Award Letter or Statement • Utility Bill (Gas, Electric, Water, Cable, Home Telephone, Cell Phone, Home Security) • IRS W-2 • Property Tax Bill, Homeowner's/Auto/Renter's Insurance Bill, Mortgage Statement, Residential Rental/Lease Agreement with Signature Pages
PROOF OF ALL SOURCES OF MONTHLY INCOME FOR ALL ADULT (18+) HOUSEHOLD MEMBERS: **For minors (Ages 0-18), please provide a copy of birth certificate, school ID or other proof of birth.* **If you currently have no income, please request Certification of Zero Income Form from our office. **THIS FORM MUST BE NOTARIZED.*** **If you are receiving support from others, please request Certification of Support Form from our office. **THIS FORM MUST BE NOTARIZED.***	***All pages of documentation*** ***Name and address information must be listed*** • Recent Social Security Benefits, Supplemental Social Security, Social Security Disability Income Award Letter, Statement or Checks • Pension Letters, Annuity Statements, IRA Distributions Statement • Last Two Paystubs • Recent Bank Statements (within the last 30 days) • Income Tax Returns including W-2s, 1099s, etc. • Department of Social Services Award Letter

Documentation may be submitted via:
Fax: (240) 556-0999 • Email: cnrorder@montgomerycountymd.gov
Mail or hand-deliver it to the office: 101 Monroe Street. 5th Floor, Rockville, MD 20850
For questions contact Call-n-Ride at (301) 948-5409, Monday through Friday, 8:00 a.m. to 4:30 p.m.