



Call-n-Ride
101 Monroe Street, 5th Floor
Rockville, MD 20850

Call-n-Ride MENTAL HEALTH ATTACHMENT

For applicants aged 18-66, this form **MUST** be completed by a **licensed mental health physician** to qualify for Call-n-Ride under a mental disability. **All information has to be complete, detailed, and verifiable.** Call-n-Ride Applicant and the certifying Physician agree to provide more information, if and when required by the Montgomery County Call-n-Ride Program. **PLEASE PRINT.**

THE FOLLOWING SECTION SHOULD BE COMPLETED BY A LICENSED PHYSICIAN

1. I recommend certification of _____ for the Call-n-Ride program.
(Applicant's Name)
2. Please circle the category of the disability:

A. Developmental Disability B. Chronic Mental Illness C. Head Injury D. Other
3. What is the patient's diagnosis (Provide Details)? _____

4. Is the disability Permanent or Temporary? _____
5. If temporary how long do you anticipate it to last? _____

Physician Name

Professional License #

Issuing state

Expiration Date

Street Address

Telephone

City

State

Zip Code

Agency

I certify and affirm that the applicant identified above has a MENTAL DISABILITY. I also certify and affirm that all information presented in this form is true and correct. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

Physician Signature

Date