



101 Monroe Street, 5th Floor, Rockville, MD 20850
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Call-n-Ride (CNR) Recertification Application

CNR IDENTIFICATION # _____

SECTION 1 - PERSONAL INFORMATION

Last Name	First Name
Date of Birth	Have you recently moved? <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 2 – HOME ADDRESS

Street Address		Apt #
City	State	Zip Code
Home #	Cell #	
Email		

SECTION 3 - MAILING 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	What language do you speak?
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SECTION 6 - HOUSEHOLD INCOME INFORMATION (income for yourself and ALL adults that live in your home)

Source	Amount	Source	Amount
Employment	\$	Pension/Retirement	\$
SSI/SSDI/SS Benefits	\$	Annuity	\$
Survivors Benefits	\$	TCA/TDAP	\$
Unemployment Benefits	\$	Other:	\$
Household Size:	Total Household Monthly Income:		\$

SECTION 7 - DISABILITY INFORMATION.

Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you exclusively require wheelchair accessible taxis? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 9 – PHOTOGRAPH.

If your swipe card does not currently have a 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 on this form is true and accurate.

Signature

Date

Call-n-Ride (CNR) RECERTIFICATION APPLICATION INSTRUCTIONS

PLEASE PRINT CLEARLY AND COMPLETELY – FAILURE TO DO SO WILL RESULT IN DELAYS AS INCOMPLETE AND ILLEGIBLE FORMS MUST 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, such as a partner or caseworker permission to speak with us and act as a liaison for you on all matters related to your Call-n-Ride Program account. If you ever need to change your authorized representative, contact us to request a new Authorized Representative Form. If you're a legally appointed representative for someone on this application, submit proof with the application.
SECTION 5 - LANGUAGE	Indicate if an interpreter is needed and the language you speak.
SECTION 6 - HOUSEHOLD INCOME INFORMATION	Please list ALL sources of income for ALL adult household members.
SECTION 7 - DISABILITY INFORMATION	As required, applicants ages 18-64 must have a disability to participate in the program. If you answered YES and you are 18 to 64 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 or psychologist. 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	Please sign and date the form.

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 CURRENT RESIDENCE IN MONTGOMERY COUNTY:	<ul style="list-style-type: none"> • Recent Social Security Statement • Utility Bill (Gas, Electric, Water, Or Home Telephone Bill) • IRS W-2 • Property Tax Bill, Homeowner's Insurance Bill, Monthly Mortgage Statement, Or Residential Rental/Lease Agreement
INCOME: <i>*For minors (Ages 0-18), please provide a copy of birth certificate, school ID or other proof of birth.</i> <i>*If you currently have no income, please request Certification of Zero Income Form from our office. THIS FORM MUST BE NOTARIZED.</i> <i>If you are receiving support from others, please request Certification of Support Form from our office. THIS FORM MUST BE NOTARIZED.</i>	<ul style="list-style-type: none"> • Social Security Checks, Stubs or Award Letters • 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.

IF WE DO NOT RECEIVE YOUR RECERTIFICATION RESPONSE WITHIN (30) DAYS FROM THE DATE OF THIS LETTER, YOUR SWIPE CARD WILL BECOME INACTIVE.

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, 9:00 a.m. to 4:00 p.m.