



101 Monroe Street, 5<sup>th</sup> Floor, Rockville, MD 20850  
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## Same Day Access (SDA) RECERTIFICATION APPLICATION

SDA#

### SECTION 1 - PERSONAL INFORMATION

Last Name		First Name	
Home #	Cell #	Date of Birth	
Email			
Metro Access ID #		ID Expiration Date	

### SECTION 2 - HOME ADDRESS

Street Address			Apt #
City	State	Zip Code	

### 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 SDA 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 – PHOTOGRAPH.

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

### SECTION 7 – Signature (required).

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Same Day Access (SDA) RECERTIFICATION INSTRUCTIONS

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

<b>SECTION 1 – PERSONAL INFORMATION</b>	Please provide your name, address, contact numbers and email address.
<b>SECTION 2 – HOME ADDRESS</b>	You <b>must provide your current home address.</b>
<b>SECTION 3 – MAILING ADDRESS</b>	If you prefer to receive your mail at an alternate address, please provide that address here. Provide “In Care of Name” information, if applicable. <b>(ex. c/o John Downy)</b>
<b>SECTION 4 – SECONDARY CONTACT/AUTHORIZED REPRESENTATIVE</b>	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 SDA 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.
<b>SECTION 5 – LANGUAGE</b>	Indicate if an interpreter is needed and the language you speak.
<b>SECTION 6 – PHOTOGRAPH</b>	You may submit a photograph for your SDA swipe card, but it is not required.
<b>SECTION 7 – SIGNATURE</b>	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 METRO ACCESS MEMBERSHIP:**

- A photocopy of your current Metro Access identification card is required for participation in the program.

*Please Note: Your SDA swipe card will become inactive upon expiration of your Metro Access Identification Card. You will be required to recertify your Same Day Access participation, by providing a copy of your renewed Metro Access Identification Card.*

**PROOF OF CURRENT RESIDENCE IN MONTGOMERY COUNTY:**

- 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

**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](mailto:cnrorder@montgomerycountymd.gov)*

*Mail or hand-deliver it to the office: 101 Monroe Street. 5<sup>th</sup> 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.*