



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 (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? <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/Annuity	\$
SSI/SSDI/SS Benefits	\$	Other	\$
HOUSEHOLD SIZE:		TOTAL HOUSEHOLD 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 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, 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 18-62 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 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.

<p>PROOF OF CURRENT RESIDENCE IN MONTGOMERY COUNTY:</p>	<p style="text-align: center;">*All pages of documentation *Name and address information must be listed</p> <ul style="list-style-type: none"> • RECENT Social Security/ Supplemental Security Income (SSI) 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, Monthly Mortgage Statement, Or Residential Rental/Lease Agreement
<p>INCOME:</p> <p><i>*For minors (Ages 0-18), please provide a copy of birth certificate, school ID or other proof of birth.</i></p> <p><i>*If you currently have no income, please request Certification of Zero Income Form from our office.</i></p> <p>THIS FORM MUST BE NOTARIZED.</p> <p><i>If you are receiving support from others, please request Certification of Support Form from our office.</i></p> <p>THIS FORM MUST BE NOTARIZED.</p>	<p style="text-align: center;">*All pages of documentation *Name and address information must be listed</p> <ul style="list-style-type: none"> • Recent Social Security Statement/Supplemental Social Security (SSI) award letter/statement Checks or Stubs • 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

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, 8:00 a.m. to 4:30 p.m.