



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

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 *(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 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.

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 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.
SECTION 5 – LANGUAGE	Indicate if an interpreter is needed and the language you speak.
SECTION 6 – PHOTOGRAPH	You may submit a photograph for your SDA swipe card, but it is not required.
SECTION 7 – 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 METRO ACCESS MEMBERSHIP:	<ul style="list-style-type: none">• A photocopy of your current Metro Access identification card is required for participation in the program.
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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:	<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
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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.