



**COVID High Risk for Family Member**  
**Age Based Request Only**  
*(based on current CDC high risk guidelines)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Department: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Phone number at which you can be reached: \_\_\_\_\_

Address: \_\_\_\_\_

Family Member Name \_\_\_\_\_

Relationship to family member \_\_\_\_\_ DOB: \_\_\_\_\_

Family Members Address \_\_\_\_\_

Family Member Phone Number \_\_\_\_\_

Reason for Request \_\_\_\_\_

Is telework available in your department? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this family member reside in your household? \_\_\_\_\_ Yes \_\_\_\_\_ No

To complete this request please submit documentation showing proof of family members age & residence. (drivers license, birth certificate, doctors note, current mail). This information can be uploaded , faxed to 240 777-5186 or emailed to OMS Team [OMSTeam@montgomerycountymd.gov](mailto:OMSTeam@montgomerycountymd.gov)

I certify that the information submitted in this application is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

This form is also available online at:  
<https://eportal.montgomerycountymd.gov/goto/Covid19HighRisk>

Please complete the electronic form if you have online access.