



Registration Form

For Office Use Only:
Date Received: _____
Date Reviewed: _____
Staff Initials: _____

All Information Is Kept Confidential

Check all that apply			
CountyRide Registration		Change of Information	
Rider/Client Information (PLEASE PRINT) • Indicates required information			
• Indicates required information	Gender:	Male	Female
• Last Name:	• First Name:	• M.I.:	
• Street Number and Name:			
• Apt #:	• City:	• State:	• Zip code:
• Home Phone #:		• Mobile Phone:	
• Birth Date:	Email Address:		
Client Mailing Address (If different than above)			
• Street Number and Name:			
• Apt #:	• City:	• State:	• Zip code:
What is your primary language i.e. (English, Spanish, American Sign Language, etc)			
Emergency Contact (REQUIRED FOR REGISTRATION)			
• Last Name:	• First Name:	• Relationship:	
• Day Phone:	• Mobile Phone:	Email:	
Medical Equipment			
Please check any of the equipment listed, even if used only occasionally			
<input type="checkbox"/> Prosthetic <input type="checkbox"/> Walker <input type="checkbox"/> Scooter <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Extra Wide Wheelchair <input type="checkbox"/> Electric/Power Chair <input type="checkbox"/> Cane <input type="checkbox"/> White Cane <input type="checkbox"/> Oxygen <input type="checkbox"/> Service Animal <input type="checkbox"/> Other _____			
Mobility Device Manufacturer _____ WC19 Attachment Points? Yes No			
Mobility Device Model and Model # _____			
Power Wheelchair - Weight _____ Height _____ Width _____			
The weight must include the weight of the wheelchair plus rider. Note: Manual and Power Scooters and Wheelchairs must be safe to transport and must be secured for transportation. For your safety, footrests and seatbelts must be used for transportation of mobility devices.			
If you have a household pet, please have it in the house and restrained when CountyRide comes to pick you up.			
Can CountyRide vehicles safely access the applicant's residence without backing? Yes No			
Is there sufficient space for the CountyRide vehicle to safely turn the vehicle around? Yes No			
If no, please provide an alternate pick up location:			



Please indicate the nature of the applicant's condition or disability as it pertains to your transportation needs.		
Do you require assistance from an escort when you travel?	Yes	No
If you use a mobility device or scooter and have steps, do you have a ramp from the exterior of your house to ground level?	Yes	No
If you are in a mobility device or a scooter, are there any obstacles that would prevent our vehicle to get close enough to use our lift for you to gain access to the vehicle.	Yes	No
Are you registered with MTA Mobility?	Yes	No
Do you have access to fixed route bus service?	Yes	No
General Information		
Please call CountyRide at (410) 887- 2080 if you have questions. Individuals with hearing or speech disability please use the Relay or 711.		
It will take approximately two (2) weeks to process your application. You will receive a welcome packet in the mail after registration, but you do not need to wait to schedule transportation before receiving the Welcome Packet. You may schedule transportation after you are registered. Please contact CountyRide immediately when there is a change in your information or that of your emergency contact.		
Physician Statement required for disabled residents under the age of 60 years.		
I authorize the physician stated below to release information to CountyRide regarding the applicant's disability. I understand that this information is subject to verification, and will be part of my confidential permanent record in the CountyRide office. Annual recertification may be required.		
• Applicant Signature:		
Please have your physician complete the following information.		
• Description of applicant's disability pertaining to transportation: Please describe.		
• Applicants Disability is:	Permanent	Temporary
I find this applicant requires the specialized paratransit transportation services provided by CountyRide.		
Physician Information (Please Print)		
Name:		
Address:		
Telephone:		
Signature:		
It is the applicants responsibility to have this information completed by their physician and returned to CountyRide.		
After completing this application, please mail to: CountyRide 611 Central Avenue Towson, MD 21204	OR Fax or email application to: Fax: (410) 887-8281 Email: countyride@baltimorecountymd.gov	

