CountyRide
BALTIMORE COUNTY DEPARTMENT OF PUBLIC WORKS AND TRANSPORTATION

Registration Form

ID # _____

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

New Registration ☐ Change of Information ☐

Rider/Client Information (PLEASE PRINT)								**● Indicates required information**
●First Name		●MI		●Last Name				
● Birth Date		Gender:		Male ☐		Female ☐		U ☐
●Street Number and Name:								
●Apt #	●City		●State		●Zip			
●Phone:		Mobile ☐	Landline ☐	Alt. Phone			Mobile ☐	Landline ☐
Email address:								
●Primary Language (English, Spanish, etc.):								

Emergency Contact (Required for Registration)			
●First Name:	●Last Name:		
●Relationship:	●Phone:	Mobile ☐	Landline ☐

●Do you have any of the following? (Please check all that apply) (All information remains confidential)

☐ Arthritis	☐ Blind / Visual Impairment	☐ Heart / Cardiovascular Issues
☐ Dialysis	☐ Epilepsy	☐ Dementia
☐ Hearing Impaired/Deaf	☐ Cognitive/Developmental Delay	☐ Multiple Sclerosis
☐ Parkinson's	☐ Stroke	☐ Traumatic Brain Injury
☐ Mental Health Conditions	☐ Diabetes	☐ Seizures

●Mobility Aides (Even if only used occasionally):

☐ Cane	☐ Crutches	☐ Oxygen
☐ Rail on Lift	☐ Walker	☐ Scooter
☐ Wheelchair - Manual	☐ Large Wheelchair - Manual	☐ Power Wheelchair
☐ Other (Please describe):		

Wheelchair: ♦Weight _____ Length _____ Width _____

♦The weight must include the **weight of the wheelchair and the user**.

NOTE: Manual Wheelchairs and Power Scooters / 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? **If no, please provide an alternate pick-up location: _____**	☐ Yes	☐ No
●Do you require assistance from an escort when you travel? **●If so, who will be accompanying you? _____**	☐ Yes	☐ No
● Do you accept text messages/notifications on your mobile phone?	☐ 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 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

It will take approximately 30 days to process your application. You may contact the CountyRide Office to inquire about the status of your application. Please call CountyRide at 410-887-2080 if you have questions. Individuals with hearing or speech disability, please use Maryland Relay 711. Please contact CountyRide immediately when there is a change in your information or that of your emergency contact.

I certify that the information on this form is true and correct to the best of my abilities:

● Applicant Signature:	Date:
After completing this application, please mail to: **CountyRide** **611 Central Avenue** **Towson, MD 21204**	**OR** email application to: **countyride@baltimorecountymd.gov**

Physician Statement (Required for disabled residents under age 60 ONLY)

Please have your physician complete the following information:

●Applicant's diagnosis/disability:		
●Applicant's Disability is:	Permanent	Temporary

Physician Information (Please Print)

●Name:

●Address:

●Telephone:

I find this applicant requires the specialized paratransit transportation services provided by CountyRide.

●Physician Signature:_____ Date: _____

It is the applicant's responsibility to have this information completed by their physician and returned to CountyRide.