

# CountyRide Registration Form

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

**All Information Is Kept Confidential**

Check all that apply			
CountyRide Registration		Priority Two	
Priority One		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 #:	•Town:	•State:	•Zip code:
•Home Phone #:		•Mobile Phone:	
•Birth Date:	Email Address:		
Client Mailing Address (If different than above)			
•Street Number and Name:			
•Apt #:	•Town:	•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 Leg	<input type="checkbox"/> Walker	<input type="checkbox"/> Scooter	<input type="checkbox"/> Manual Wheelchair
<input type="checkbox"/> Electric/Power Chair	<input type="checkbox"/> Cane	<input type="checkbox"/> White Cane	<input type="checkbox"/> Oxygen
<input type="checkbox"/> Extra Wide Wheelchair	<input type="checkbox"/> Service Animal		
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. <b>Note:</b> 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.			



Do you own a dog in which a driver will have contact?	Yes	No
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
<b>If no, please provide an alternate pick up location:</b>		

**Personal Information Kept Confidential**

**Please indicate the nature of the applicant's condition or disability as it pertains to your transportation needs.**

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Marital Status (Please Circle)	Single	Married		Widowed	Divorced	Separated	
Race/Ethnicity (Please Circle)	Black/African American	Hispanic	American Indian	Pacific Islander	Asian	White	Other:

Do you require assistance from your exterior door to the vehicle?	Yes	No
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 use a mobility device or scooter and have steps into your home and do not have a ramp, are you able to walk down the steps?	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
Have you used fixed route bus service?	Yes	No

**Income Information**  
(Required for **Low Income** Priority One Programs Only)

Instructions: Please complete the "Participant" and "Spouse" section below by filling in appropriate income information. If you are applying for the Priority One program, you must submit copies of appropriate income verification along with this application. Your application will not be considered if these copies (not originals) of the documents do not accompany this completed form. All personal information will be confidentially secured.

Current Monthly Income Verification Required	Applicant's Monthly Income	Spouse's Monthly Income
1. Social Security Income: a. Copy of current award letter (800-772-1213 to request a copy) <b>OR</b> b. Copy of direct deposit bank statement <b>OR</b> c. Copy of Social Security Check.		
2. Pension Income: a. Copy of pension check <b>OR</b> b. Copy of direct deposit statement		
3. Interest Income: a. Copy of most current Federal Income Tax Return <b>OR</b> b. Copy of all current 1099 Forms for all sources of income <b>OR</b> c. Copies of most recent savings account		
4. Other income: (rental income, dividends, alimony)		
Verification:		
<b>Total Income</b>		



### 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. Scheduling transportation is based on this processing timeline. 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.

For more information about other programs with Baltimore County Department of Aging call Maryland Access Point (410) 887-2594.

### 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](mailto:countyride@baltimorecountymd.gov)

**Information is kept confidential**



## TYPE OF CLIENTS

**Priority One:** Low -income qualifying clients may call **(3) three weeks** in advance to schedule a ride

**Priority Two:** Qualifying senior center clients allowed to reserve a trip to Senior Centers **(3) three weeks** in advance.

## TYPE OF TRIPS

- **Demand Response** is a one time or infrequent need for transportation. A client may have only two demand/response trips in one week.
- **Medical Trips** Medical appointments can be reserved as demand-response trips. Reservations can be reserved **no earlier than two (2) weeks prior to the appointment.**
- **Standing Ride Trips** are available to qualifying clients going ONLY to Partnership Hospitals for a regularly scheduled appointment for a limited time requiring a **START DATE** and an **END DATE.**
- **Same Day Trips** can be schedule only if resources are available.
- **Stand-by Trips** places a qualifying client on stand-by for transportation. There is no guarantee of a ride. CountyRide makes a commitment to provide transportation when resources are available.
- **All non-medical trips can be scheduled 1 week in advance.**

## IMPORTANT NOTICE

CountyRide cannot guarantee transportation due to limited resources. A qualifying client increases their chances to secure transportation when appointments are scheduled between the hours of 10:00 AM to 2:00 PM. Tuesdays and Thursdays are CountyRide's heaviest days during the week. We recommend scheduling appointments for Mondays, Wednesdays and Fridays, whenever possible.

## REQUEST A TRIP BY TELEPHONE

CountyRide clients can request trips by phone using an Interactive Voice Response (IVR) 24 hours a day 7 days a week.

**Your password is the same as your Trapeze Personal Identification Number.** Dial 410-887-2080

1. A recorded message will answer instructing you to  
Enter your Trapeze ID# -or- press "0" to speak with an operator
2. After you enter your Trapeze ID#, enter your Password (same as ID#)
3. Listen to the following prompts closely:  
**Confirm a Previously Booked Trip** press "1"

## REQUEST A TRIP BY INTERNET

CountyRide clients can request trips from their computers using the Interactive Web Response (IWR) 24 hours a day 7 days a week.

- 1) Open web browser and visit site [www.baltimorecountymd.gov/countyride](http://www.baltimorecountymd.gov/countyride)
- 2) Click on the Request-a-Trip link
- 3) On Request-a-Trip Home screen enter your ID# and password
- 4) Use the left side navigation keys under **Services** to:
  - a) View unscheduled and scheduled trips under **My Trips**
  - b) **Request a Trip** pick up and return trips must be requested separately
  - c) View already scheduled **Subscriptions** (all subscription requests must be made with an agent during normal business hours; call 410-887-2080)
  - d) View **My Information**
  - e) View **Announcements** pertaining to CountyRide events, policy updates and closings.

Learn features of the web page in **Help**

