



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) APPLICATION

SECTION 1 - PERSONAL INFORMATION

Last Name:		First Name:	
Home #:	Cell #:	Date of Birth:	
Email:			
Metro Access ID #:		Metro Access 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, etc.? YES NO

SECTION 4 – SECONDARY CONTACT/AUTHORIZED REPRESENTATIVE

I, the applicant, hereby authorize the individual listed below to act as my liaison on all Same Day Access 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) APPLICATION 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 Call-n-Ride 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 cards is REQUIRED for participation in the program.
--	---

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
---	--

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.