



Call-n-Ride
P.O. BOX 8465
GAITHERSBURG, MD 20898-8465

Call-n-Ride MENTAL HEALTH ATTACHMENT

For applicants age 18 and older, this form **MUST** be completed by a **licensed mental health professional** to qualify for Call-n-Ride under a mental disability. **PLEASE PRINT.**

1. I recommend certification of _____ for the Call-n-Ride program.
(Name)

2. Please circle the category of the disability:

- A Developmental Disability
- B. Chronic Mental Illness
- C. Head Injury

3. What is the patient's diagnosis? _____

4. How does the patient's disability prevent their use of public transportation? _____

Physician Name

Professional License #

Street Address

Telephone

City State Zip Code

Agency

Physician Signature

Date