

Baltimore City Health Department Division of Aging & Community Support



TaxiCard® Registration Form

Please complete this form and mail the completed form to:
TaxiCard Program, 6300 Blair Hill Lane, Suite 301, Baltimore, MD 21209.

Name _____

Date of Birth: _____ Are you currently a TaxiCard Holder? _____

Street Address _____ Apt/Unit # _____

Baltimore, MD Zipcode _____ Email _____

Phone Number 1 _____ Phone Number 2 _____

Principle Language if not English _____

Are you disabled? (circle one) Yes No

Marital Status (circle one): Married Separated Divorced Single Spouse Deceased

Monthly Income (REQUIRED) \$ _____

Number Living in Household (REQUIRED) _____

Are you (circle one): Male Female

Race: African American _____ American Indian/Native Alaskan _____ Other _____

Asian American/Pacific Islanders _____ Hispanic Origin _____ White _____

Spouse's Name _____ Spouse's Birth Date _____

Emergency Contact Name & Phone _____

Do you have family / friend to help with transportation? Yes _____ No _____

Do you use MTA's Mobility Service? Yes _____ No _____

(For more information on this service, call 410-764-8181)

Please complete both pages of the form.

Do you use Medical Assistance Transportation? Yes _____ No _____
(For more information on this service, call 410-396-4398)

Are you interested in learning more about CARE's services? Yes _____ No _____

Do you have trouble with (please check all that apply):

1. Going up or down steps _____
2. Standing while waiting for a bus _____
3. Getting on or off a bus _____
4. Walking more than one city block _____
5. Hearing announcements from the bus driver _____
6. Understanding or remembering directions or other travel information _____
7. Standing while in a moving bus _____
8. Using a ramp or escalator _____

If you use any of the equipment listed below, please check all that apply:

Cane _____

Wheelchair or Scooter* _____

*There is very limited availability of vehicles to accommodate wheelchairs or scooters.

Walker _____

I use/will use my TaxiCard for (please check all that apply):

Senior Center _____ Eating Together _____ Religious Activities _____

Medical Appointments _____ Food Shopping _____

Other (please specify) _____

I hereby certify that I am age 60, or have a disability and that I am a current resident of Baltimore City and that all of the information provided is accurate.

Client's Signature (as you will sign your receipts)

Date



Please complete both pages of the form.