

**Baltimore City Health Department Division of Aging & CARE Services**



**TaxiCard® Registration Form**

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

Client's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you a TaxiCard Holder? \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

Baltimore, MD Zipcode \_\_\_\_\_ Email \_\_\_\_\_

Phone Number 1 \_\_\_\_\_ Phone Number 2 \_\_\_\_\_

**Social Security Number (REQUIRED)** \_\_\_\_\_

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 \_\_\_\_\_

**Please complete both pages of the form.**

Do you use MTA's Mobility Service? Yes \_\_\_\_\_ No \_\_\_\_\_  
(For more information on this service, call 410-764-8181)

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 above *or* that I am a person with disability, 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