



# **GARRETT COUNTY**

## HEALTH DEPARTMENT

**Garrett County Health Department**

Jennifer Hare, CPA | Health Officer

1025 Memorial Drive, Oakland, Maryland 21550

301-334-7700 or 301-895-3111 | Fax 301-334-7701

## **BASE Garrett County - Paper Registration Form v1.1**

### **Crisis Food Resources**

*Updated October 24, 2025*

**Date:**

**Funding Source:**

F109N - CareFirst/BASE

**Name:** \_\_\_\_\_

**Age:**

- ☐ 0-3
- ☐ 4-12
- ☐ 13-17
- ☐ 18-24
- ☐ 25-64
- ☐ 65+

**Gender:**

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to answer

**Phone Number:** \_\_\_\_\_

**Can we text you at this number?:** ☐ Yes ☐ No

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:**

- ☐ Maryland
- ☐ West Virginia
- ☐ Pennsylvania
- ☐ Other:

**Zip Code:** \_\_\_\_\_



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**garretthealth.org**

Toll Free Maryland Department of Health 1-877-463-3464

TDD for Disabled Maryland Relay Service 1-800-735-2258

*Equal Opportunity Employer*

**Race and/or Ethnicity (Check all that apply):**

- ☐ Asian or Pacific Islander
- ☐ Black (non-Hispanic)
- ☐ Indigenous Peoples
- ☐ Latinx
- ☐ Multi-racial
- ☐ White (non-Hispanic)
- ☐ Other: \_\_\_\_\_

**Do any of the following apply to you? (Check all that apply):**

- ☐ Justice-involved individuals
- ☐ LGBTQ+
- ☐ Low-income populations
- ☐ Persons experiencing homelessness
- ☐ Persons with a disability
- ☐ Persons with an intellectual disability
- ☐ Persons with limited English language proficiency
- ☐ Seniors
- ☐ Undocumented individuals
- ☐ Veterans
- ☐ Individuals experiencing food insecurity
- ☐ Individuals experiencing isolation
- ☐ Other: \_\_\_\_\_



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**Household Income (Select one):**

- ☐ Under \$15,000  
☐ \$15,000 – \$29,999  
☐ \$30,000 – \$49,999  
☐ \$50,000 – \$74,999  
☐ \$75,000 – \$99,999  
☐ \$100,000 – \$150,000  
☐ Over \$150,000

**Overall, how would you rate the quality of your life? (Select one):**

- ☐ Poor    ☐ Fair    ☐ Good    ☐ Very Good    ☐ Excellent

**Employment Status (Check all that apply):**

- ☐ Employed    ☐ Unemployed    ☐ Student    ☐ Volunteer    ☐ Retired

**Occupation (If Applicable):**

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**Referral Source (And/Or Name of Person):**

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**What is the best way to connect with you to set up an appointment for services?:**

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**Acknowledgement:**

By participating in this program, I consent to sharing all of the information contained on this form with: Garrett County Health Department, Garrett County Community Action, Inc., Garrett County Local Management Board, CareFirst BlueCross BlueShield, Maryland Community Health Resources Commission, AHEC West, and Maryland Physicians Care.

I agree to the program terms and conditions: <https://360accesshub.com/terms/>

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Info (For Minors Only)**

**Name (required):** \_\_\_\_\_

**Email Address (required):** \_\_\_\_\_

I hereby certify that I am the adult parent or guardian of the abovementioned minor under the age of eighteen (18) years, and I consent to their participation in this program and authorize their information to be submitted to the Garrett County Health Department, grantors, and required data systems. I am eighteen (18) years of age or older and mentally competent to authorize this participation.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Accommodations and translations are available: <https://garrettthealth.org/assistance/>*



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