



Go! Garrett County Plus - Paper Registration Form v1.1

Updated August 14, 2025

Date: _____	Funding Source: F124N - HERC
--------------------	--

Account Details

Username (required): _____

Email Address (required): _____

Profile Details

Name (required): _____

Birthday (required):

- Day: _____ Month: _____ Year: _____

Gender:

- Male Female Non-binary Prefer not to answer

Phone Number (required): _____

Can we text you at this number? (required): Yes No

City (required): _____

State (required):

- Maryland West Virginia Pennsylvania Other:

Zip Code (required): _____



Garrett County, a healthier place to live, work, and play!

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)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Hispanic or Latino
- Middle Eastern or Northern Africa
- Other: _____

Household Income (required) (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? (required) (Select one)

- Poor Fair Good Very Good Excellent

Employment Status (Check all that apply)

- Employed Unemployed Student Volunteer Retired

Occupation (If Applicable)



Garrett County, a healthier place to live, work, and play!

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

Affiliations (Check all that apply)

Are you affiliated with or employed by any of these organizations, partners, or businesses?

- | | | |
|---|--|---|
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Education |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Business | <input type="checkbox"/> County Government | <input type="checkbox"/> State Government |

Referral Source (Check all that apply)

- Social Media (Facebook/Twitter)
- Referral from Family/Friends
- MyGarrettCounty.com
- Doctor or Primary Care Office
- Email Newsletter
- Radio
- Internet Search
- Health Department Website
- Brochure
- Community Agency (School, Community Agency, etc...)
- Newspaper
- Billboards
- Community Event

Invite / Promo Code

Invite Code / Promo Code: _____

Acknowledgement:

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

Signature: _____

Date: _____



Garrett County, a healthier place to live, work, and play!

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

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://garretthealth.org/assistance/>

Supported by the Maryland Community Health Resources Commission. The views presented here are those of the grantee organization and not necessarily those of the Commission, its Executive Director, or its staff.



Garrett County, a healthier place to live, work, and play!

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