



# Piatt County Public Transportation Rider Intake Form

Updated: 1/1/2017

Please fill out both sides of this form.

## Rider Information

First Name:		Middle Initial:	Last Name:	
Phone (for reminder calls):	Second Phone:		Email:	
Home Address, City, State, Zip:			County:	Date of Birth:
Would you like a reminder phone call the evening before your trip? Yes No			In the event of a closing, how would you like to be contacted?	
Would you like to receive an "On Our Way" phone call? Yes No			Email Text Voice Recording No Thanks	

## Demographic Information

**Please check ALL that apply:**

<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Other	<b>Ethnic Origin:</b> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino  <b>Limited English Speaking:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gender:</b> M / F  <b>Primary Language:</b> _____  <b>Low Income:</b> Yes / No <small>Annual Household Income MUST be Below the Poverty Line to be Considered Low Income</small>
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## Special Assistance Needed

**Please check ALL that apply:**

<input type="checkbox"/> Blind <input type="checkbox"/> Cognitive Behavior <input type="checkbox"/> Deaf <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Mobility Device <input type="checkbox"/> Oxygen	<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Service Animal <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Under Eight <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Wheelchair - Electric	<input type="checkbox"/> Wheelchair - Jazzy <input type="checkbox"/> Wheelchair - Large  <b>Please Note any Health Issues or Allergies:</b> _____ _____ _____
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## Parental Contact Information (Required if Under 18)

Full Name: _____	Relationship: _____
Cell Phone: _____	Home Phone: _____
Address, City, State, Zip: _____	Work Phone: _____
Address, City, State, Zip: _____	Email: _____

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Full Name: _____	Relationship: _____
Cell Phone: _____	Home Phone: _____
Address, City, State, Zip: _____	Work Phone: _____
Address, City, State, Zip: _____	Email: _____

## Emergency Contact Information

1. Emergency Contact Name: _____	Relationship: _____
Phone: _____	Second Phone: _____
2. Emergency Contact Name: _____	Relationship: _____
Phone: _____	Second Phone: _____

For Rider's Under 18 - Please indicate a **Safety Word** that will be required of ANY contact attempting to make a schedule change:

**Reoccurring Travel Locations (i.e. Medical, School, Work, Other)**

Site 1 Name: \_\_\_\_\_ Contact Onsite Full Name: \_\_\_\_\_  
 Address, City, State, Zip: \_\_\_\_\_ Reason for Travel: \_\_\_\_\_  
 Special Directions for finding the location: \_\_\_\_\_

Site 2 Name: \_\_\_\_\_ Contact Onsite Full Name: \_\_\_\_\_  
 Address, City, State, Zip: \_\_\_\_\_ Reason for Travel: \_\_\_\_\_  
 Special Directions for finding the location: \_\_\_\_\_

Site 3 Name: \_\_\_\_\_ Contact Onsite Full Name: \_\_\_\_\_  
 Address, City, State, Zip: \_\_\_\_\_ Reason for Travel: \_\_\_\_\_  
 Special Directions for finding the location: \_\_\_\_\_

**Summarize Travel Needs & Schedule (please include times for pick-up/drop-off, days of the week, length of need)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How did you find out about Piattran?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Rider / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

**For Internal Piattran Use Only**

**REOCCURRING SCHEDULE**

<b>Pickup</b>	<b>Time</b>	<b>Start Date</b>
_____	_____	_____
<b>Destination</b>	<b>Time</b>	
_____	_____	
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> Saturday	<input type="checkbox"/> Weekly	<input type="checkbox"/> In Service Area
<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Out of Service Area	<input type="checkbox"/> Rural
	<input type="checkbox"/> In County	<input type="checkbox"/> Out of County

\_\_\_\_\_  
 Rider Master Entry

\_\_\_\_\_  
 Subscription Entered

\_\_\_\_\_  
 Scanned

\_\_\_\_\_  
 Filed