



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:

Race: <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	Ethnic Origin: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino Limited English Speaking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: M / F Primary Language: _____ Low Income: Yes / No <small>Annual Household Income MUST be Below the Poverty Line to be Considered Low Income</small>
---	--	--

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 Please Note any Health Issues or Allergies: <hr/> <hr/> <hr/> <hr/>
---	---	---

Parental Contact Information (Required if Under 18)

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

Full Name: _____	Relationship: _____
Cell Phone: _____	Home Phone: _____ 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

Pickup	Time	Start Date
_____	_____	_____
Destination	Time	
_____	_____	
<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