



## Piatt County Public Transportation Rider Intake Form

Updated: 7/16/2021

Please fill out both sides of this form.

### Rider Information

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

### Demographic Information

**Please check ALL that apply:**

|   |  |                |       |
|---|--|----------------|-------|
| <b>Race:</b>                                | <input type="checkbox"/> Native Alaskan<br><input type="checkbox"/> Pacific Islander<br><input type="checkbox"/> Native Hawaiian | <b>Gender:</b> | M / F |
| <input type="checkbox"/> White Hispanic     | <input type="checkbox"/> Black or African American   |                |       |
| <input type="checkbox"/> White Non-Hispanic | <input type="checkbox"/> Asian   |                |       |
| <input type="checkbox"/> American Indian    | <b>Language</b>  |                |       |
| <input type="checkbox"/> Other or Two races | <input type="checkbox"/> English   |                |       |
|   | <input type="checkbox"/> Spanish   |                |       |

### Special Assistance Needed

**Please check ALL that apply:**

|   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Blind                    | <input type="checkbox"/> Physical Impairment   | <input type="checkbox"/> Wheelchair - Large |  |
| <input type="checkbox"/> Cognitive Behavior       | <input type="checkbox"/> Service Animal        |   |  |
| <input type="checkbox"/> Deaf                     | <input type="checkbox"/> Speech Impairment     |   |  |
| <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Visual Impairment     |   |  |
| <input type="checkbox"/> Hearing Impairment       | <input type="checkbox"/> Walker                |   |  |
| <input type="checkbox"/> Mobility Device          | <input type="checkbox"/> Wheelchair            |   |  |
| <input type="checkbox"/> Oxygen                   | <input type="checkbox"/> Wheelchair - Electric |   |  |
|   | <input type="checkbox"/> Wheelchair - Jazzy    |   |  |

**Please Note any Health Issues or Allergies:**

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### Emergency Contact Information

1. **Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Second Phone:** \_\_\_\_\_

2. **Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Second Phone:** \_\_\_\_\_

### Additional Question

**Are you now or have you ever been required to register on Illinois State Police Sex Offender Registry?**

Yes / No

**\*\*Piattran will NOT deny your ride(s) based upon your honest answer, it provides us with information for routing purposes.**

**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**

**REOCCURING SCHEDULE**

Pickup \_\_\_\_\_ Time \_\_\_\_\_ Start Date \_\_\_\_\_

Destination \_\_\_\_\_ Time \_\_\_\_\_

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Weekly  In Service Area  In County

Bi-Weekly  Out of Service Area  Rural  Out of County

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

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

\_\_\_\_\_  
Scanned

\_\_\_\_\_  
Finance Manager