



**Piatt County Public Transportation
Rider Intake Form
Child(ren)**

Updated: 07/25/2023

Please fill out both sides of this form.

Rider Information

First Name:		Middle Initial:	Last Name:	
Phone (for reminder calls):	Second Phone:		Email for billing:	
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		Text	Voice Recording	No Thanks

Demographic Information

Please check ALL that apply:

Race: <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> White Hispanic <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other or Two races	<input type="checkbox"/> Native Alaskan <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native Hawaiian Language <input type="checkbox"/> English <input type="checkbox"/> Spanish	Gender: M / F
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SAFETY WORD will be required of ANY contact attempting to make a schedule change:

Hint for Safety Word:

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
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Please Note any Health Issues or Allergies:

Parental Contact Information (Required if Under 18)

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

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

Emergency Contact Information

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

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?

- Social Media Newspaper Kirby Back to School Fair Other:
 Friends Buses Organization

Signature of Rider / Legal Guardian: _____ Date: _____

Printed Name: _____

For Internal Piattran Use Only

Rider Master Entry

Date

Account Code Entered

Res / Sub Entered

Date

Ride Provider Marked

Finance

Date

Date in Special Directions

Scanned

Date