



Piatt County Public Transportation Rider Intake Form

Updated: 7/25/2023

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	How would you like to be notified of rides/closures?
Would you like to receive an "On Our Way" phone call?			Yes	No	Text Voice No Thanks

Demographic Information					
Please check ALL that apply:					
<u>Race:</u>		<u>Language</u>		Gender: M F	
<input type="checkbox"/> White Non-Hispanic		<input type="checkbox"/> Native Alaskan			
<input type="checkbox"/> White Hispanic		<input type="checkbox"/> Pacific Islander			
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian			
<input type="checkbox"/> Asian		<input type="checkbox"/> English			
<input type="checkbox"/> American Indian		<input type="checkbox"/> Spanish			
<input type="checkbox"/> Other or Two races					

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"/> Needs to use the lift /prefer not to use steps	
<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:					

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

Additional Question					
<p>Are you now or have you ever been required to register on Illinois State Police Sex Offender Registry?</p> <p style="text-align: center;">Yes No</p> <p>**Piattran will NOT deny your ride(s) based upon your honest answer, it provides us with information for routing purposes.</p>					

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

REOCCURING SCHEDULE

Rider Master Entry

Date

Account Code Entered

Res / Sub Entered

Date

Ride Provider Marked

Finance

Date

Date in Special Directions

Scanned

Date