



Piatt County Public Transportation Rider Intake Form

Updated: 6/23/2020

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		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: _____
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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"/> 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/>
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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

Filed

Finance Manager