



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

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:**

<u>Race:</u> <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	<u>Ethnic Origin:</u> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino  <u>Limited English Speaking:</u> <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"/> 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  <b>Please Note any Health Issues or Allergies:</b> _____ _____ _____
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### Parental Contact Information (Required if Under 18)

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

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