



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

Updated: 07/16/2021

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:

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

Safety Word will be required of ANY contact attempting to make a schedule change:

Special Assistance Needed

Please check ALL that apply:

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

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?

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 Rural In County

Bi-Weekly Out of Service Area Out of County

Rider Master Entry Subscription Entered Scanned Finance Manager