

RIDE IN KANE RIDER INFORMATION/(Kane County)

Today's Date: Purpose: [ ] Terminate [x] Registration [x] New Info [ ] Change

CLIENT INFORMATION

First N: Last N: [ ] F [ ] M DOB: Name of Resident Facility: Facility Phone #: Address: Unit: City: Zip: Closest Intersection: Cell: Ph.: Emergency Contact Name & Phone Number(s): This should include someone who can contact you or assist with a ride should your ride not be able to pick you up. Comments:

ELIGIBILITY CRITERIA

[ ] Senior (Must be 65 or older. Proof of age is required). [ ] Disabled (Proof of disability is required. Disability, for this program, is defined as an individual who, because of illness, injury, age, congenital malfunction, or other incapacity or temporary or permanent disability, cannot use effectively, without special facilities, planning or design, public transportation service or a public transportation facility). [x] Low Income (Proof of monthly or annual income is required. Low income, for this program, if defined as an individual whose family income is at or below 150% of the poverty line).

FUNDING ELIGIBILITY

Fund Source: KDOT Fare Structure: FREE Eligibility Expiration: [ ] Medicaid Eligible Medicaid Number: [ ] NFI Eligible (senior or disabled) [x] JARC Eligible (low income; work related) [ ] No Funding Eligibility

\* Trip Purpose: [ ] Medical [x] Work [ ] Community Access [ ] Daycare [ ] School [ ] Dialysis [ ] General [x] Training [ ] Adult [ ] Child

Sponsor Contact: Krystal Spracklen Phone: 630-762-2600

RIDE REQUIREMENTS

Disability Category

[ ] Visually Impaired [ ] Hearing Impaired [ ] Verbally Impaired [ ] Physically Disabled [ ] Mental Health [ ] Developmentally Disabled [ ] Other: Provide Detail:

Mobility Aids

[ ] Manual WC [ ] Electric WC [ ] Scooter [ ] Crutches [ ] Leg Brace [ ] Walker [ ] White Cane [ ] Hearing Aid [ ] Service Animal [ ] Prosthesis [ ] Other:

Bus/Taxi

[ ] Bus only [ ] Taxi only [ ] Bus or Taxi [ ] Outbound Trip [ ] Return Trip [ ] Outbound Trip [ ] Return Trip [ ] Outbound Trip [ ] Return Trip

Pick-up at Home Instructions

Pick-up Location/Area Description: [ ] Call minutes prior to pick-up [ ] Call upon arrival Phone #: Phone Owner: [ ] Cell Phone

Closest Intersection: Comments:

I, the undersigned, confirm that the above information is correct to the best of my knowledge and that I am eligible for the Ride in Kane services based on eligibility criteria above. I understand that proof of eligibility must be provided when requested in order to remain a participant in the Ride in Kane program. I understand that any false information listed is reason for termination of my participation in the Ride in Kane services.

Printed Name of Participant

Signature of Participant

Date