



Piatt County Public Transportation Rider Intake Form

Updated: 06/24/2019

Please fill out both sides of this form.

Rider Information

First Name:		Middle Initial:	Last Name:	
Phone (for reminder calls/texts):	Second Phone:		Email:	
Home Address, City, State, Zip:			County:	Date of Birth:
Would you like a reminder phone call/text 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/text? Yes No			Email 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: _____ Low Income: Yes / No Annual Household Income MUST be Below the Poverty Line to be Considered Low Income

Special Assistance Needed

Please check ALL that apply:		<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
<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	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: _____		Email: _____	
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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Destination	Time	
<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> Saturday		
<input type="checkbox"/> Weekly	<input type="checkbox"/> In Service Area	<input type="checkbox"/> In County
<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Out of Service Area	<input type="checkbox"/> Out of County
	<input type="checkbox"/> Rural	

Rider Master Entry

Subscription Entered

Scanned

Filed

Finance Manager Entry