

APPLICATION FOR TRANSPORTATION SERVICE

(Please complete one form per rider)

Person Completing this form is: ☐ Rider ☐ Family Member ☐ Other

Type of Membership: ☐ Individual ☐ Family (2 or more in household)

Family Membership Names: _____

Rider's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than street address): _____

Home Phone: () _____ Years at Address: _____

Cell Phone: () _____ Fax: () _____

E-mail Address: _____

Is this your year-round residence? ☐ Yes ☐ No

If no, please provide additional addresses: _____

BILL TO: IF DIFFERENT THAN MEMBER

Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

FIRST EMERGENCY CONTACT:

Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

SECOND EMERGENCY CONTACT:

Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

How did you hear about this transportation service? Select one.

- | | | | |
|--|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Friend | <input type="checkbox"/> Speaker | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Television | <input type="checkbox"/> Flier | <input type="checkbox"/> Phone book |
| <input type="checkbox"/> Agency on Aging | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Internet | |
| <input type="checkbox"/> Other (specify) _____ | | | |

REFERRAL:

If referred, name of person who made referral:

Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Would you like us to send information about this transportation service to a relative, friend, or business?

Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Independence Rides respects your privacy and will keep all customer information confidential. The following information allows us to provide better service to our customers, and helps us better understand the circumstances that customers face when they apply to use Independence Rides for rides.

CUSTOMER INFORMATION:

Gender: ☐ Female ☐ Male

Date of Birth: / /

Marital Status: (select one)

- ☐ Married ☐ Divorced ☐ Single
☐ Widowed ☐ Partnered

Living Arrangements: (check all that apply)

- ☐ Live Alone ☐ Live with Spouse ☐ Live with Children
☐ Live with Friend ☐ Live with Other Family

Dwelling Arrangements: (select one)

- ☐ Private home ☐ Assisted living facility
☐ Independent living in a retirement community
☐ Other (specify) _____

Ethnic Background: (select one)

- ☐ African American ☐ Asian ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Hispanic/Latino
☐ Native American/Alaska Native
☐ Other (specify) _____

Languages spoken: (check all that apply)

- ☐ English ☐ Spanish ☐ French
☐ Other (specify) _____

Current primary means of getting around:

- ☐ Drive ☐ Walk ☐ Ride with family or friend
☐ Public transportation ☐ Taxi ☐ Private service
☐ Other (specify) _____

CIVIC ENGAGEMENT:

Are you a member of any of the following organizations?

- ☐ AAA ☐ AARP ☐ Elks ☐ Kiwanis ☐ Rotary
☐ Knights of Columbus ☐ Masons/Eastern Star ☐ Fraternity/Sorority
☐ Other (specify) _____

Are you a member of any professional organizations or labor unions?

Please list _____

Are you a veteran? ☐ Yes ☐ No

SPECIAL NEEDS AND MOBILITY ASSISTANCE: (Please check all that apply.)

- ☐ Cane ☐ Walker ☐ Wheelchair
☐ Visually Impaired ☐ Blind – Seeing Eye ☐ Deaf
☐ Anxiety Disorder ☐ Alzheimers/Dementia ☐ Personal
☐ Bladder or Bowel Control Problems ☐ Driver Assistance Required

DRIVING INFORMATION:

Do you have a current driver's license? ☐ Yes ☐ No

If no, what was the last year you held a valid driver's license? _____

Do you own a vehicle? ☐ Yes ☐ No

Have you tried any driver improvement activities or
classes to help you keep driving safely longer? ☐ Yes ☐ No

Do you currently drive? ☐ Yes ☐ No

If you do not drive...

please check a reason:

☐ Never licensed ☐ Illness

☐ Traffic accident ☐ Doctor's orders ☐ License revoked

☐ License expired ☐ Don't feel safe ☐ Family request

☐ Police/judge request ☐ Too expensive ☐ Car needs repair

Have you driven a car in the last ten years? ☐ Yes ☐ No

If you drive...

How often do you drive? ☐ Less than once a week

☐ 1-2 days per week ☐ 3 or more days per week

Have you restricted your own driving? ☐ Yes ☐ No

How often do you _____? (check boxes)

a. avoid driving at night? ☐ Always ☐ Sometimes ☐ Never

b. avoid highway driving ☐ Always ☐ Sometimes ☐ Never

c. avoid making left turns across oncoming traffic? ☐ Always ☐ Sometimes ☐ Never

d. avoid driving in bad ☐ Always ☐ Sometimes ☐ Never

e. avoid driving alone? ☐ Always ☐ Sometimes ☐ Never

f. avoid driving on high traffic roads? ☐ Always ☐ Sometimes ☐ Never

g. avoid driving in unfamiliar areas? ☐ Always ☐ Sometimes ☐ Never

h. pass up opportunities to go shopping, visit friends, etc., because of concerns about driving? ☐ Always ☐ Sometimes ☐ Never

RIDESHARE:

Would you like to share rides with others when convenient? ☐ Yes ☐ No

PROGRAMS:

Would you like information on any of these programs?

☐ **Office Volunteer:** Help Independence Rides in your spare time.

☐ **Gift Certificates:** Family and friends may purchase rides as a gift.

☐ **CarTrade™:** Trade your car for transportation credits.

☐ **Car Donation:** Donate your car to Independence Rides.

PERSONAL TRANSPORTATION ACCOUNT

Agreement

Independence Rides provides community-based transportation, and it is part of the ITNCountry™ network which includes a special feature called a Personal Transportation Account™. This account tracks your activities such as membership, rides, any fares you may pay, and your participation in any special programs.

Your signature below indicates that you agree to the following policies:

1. If your community charges for rides, you will maintain a balance in your account sufficient to cover your monthly rides;
2. If there is a charge for your membership dues, it will be automatically debited on the anniversary of your membership;
3. If you have an unpaid balance for longer than <60> days, your account will be paused until you have deposited sufficient funds to again achieve a positive balance;
4. If there is no activity in your account for one year and we have made three documented unsuccessful attempts to reach you, you agree that the balance in your account will become a charitable gift to Independence Rides.

We will do our best to provide rides for you and we will always strive to inform you when we cannot provide a ride. However, we are not responsible for any costs or expenses you may incur when we are unable to provide a ride for a specific time and place.

Signature

Date

INFORMED CONSENT

ITNAmerica®, the parent organization for ITNCountry, is a charitable non-profit organization providing support for dignified, consumer-oriented community transportation.

As a member of an ITNCountry™ community, you benefit from more than two decades of research to develop the Independent Transportation Network (ITN)® model for economically sustainable transportation. Among the public and private organizations that have supported this research and development are the Federal Transit Administration, the Transportation Research Board (National Academies of Science), AARP, the Great Bay Foundation for Social Entrepreneurs, the Maine Community Foundation, and the Atlantic Philanthropies. More than ten thousand private individuals and their families have participated in this research and development without which this service would not be possible.

In the spirit of this public/private effort, to continue the development and analysis that will allow ITNAmerica to better understand the mobility needs of Americans, their families and their communities, and to continuously improve the quality and sustainability of the service, we routinely collect data about riders, the volunteers who drive them, and the rides we deliver. **The identity of riders and volunteers is kept entirely confidential in all reports we use for these purposes.**

In addition to this routine data collection, ITNAmerica also conducts research. From time to time, we may ask you to participate in a research project. Your participation in the ITNAmerica research studies is voluntary and confidential. If you prefer not to participate in the research studies, your decision will not affect the quality of your service or your eligibility to use this service for rides.

Your signature indicates that you understand that routinely collected ITNAmerica data will be used to study and to improve community-based transportation and that you may, from time to time, be asked questions about your use of the service.

Customer: _____ (please print name)

Signature of customer or legal representative _____ Date: _____

Independence Rides
Signature: _____ Date: _____