



ACC Senior Services ACC Rides Transportation Services Rider Information Form

(Please Print Clearly)

Date: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Telephone: () _____ Cell: () _____ Email: _____

Date of Birth: ____/____/____ Age: ____ Languages (spoken): _____

Monthly Income:				
<input type="checkbox"/> Individual	<input type="checkbox"/> \$1073.00 or less	<input type="checkbox"/> Couple	<input type="checkbox"/> \$1,451.00 or less	
I live: (check one)				
<input type="checkbox"/> Alone	<input type="checkbox"/> With Spouse	<input type="checkbox"/> With Relatives	<input type="checkbox"/> Senior Housing	<input type="checkbox"/> Assisted Living Facility
Emergency Contact:				
Name:		Relationship to Rider:		
Telephone Number: () _____				
My driving is limited:				
<input type="checkbox"/> Permanently	<input type="checkbox"/> Temporarily	<input type="checkbox"/> I can still drive, but prefer not to		
My disability(ies), is/are related to health and/or physical limitations: (briefly explain)				
(i.e., stroke, heart condition, vision/hearing impaired, dialysis, arthritis, seizures, mobility, etc.)				
Due to the disability(ies) listed above, I will need the following assistance:				
<input type="checkbox"/> Cane	<input type="checkbox"/> Walker	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Personal Assistant	<input type="checkbox"/> Other
I need rides/transportation services for: (check all that apply)				
<input type="checkbox"/> Medical/Health-Related Appointments		<input type="checkbox"/> Grocery Shopping	<input type="checkbox"/> Field Trips	
<input type="checkbox"/> ACC Classes and/or Programs		<input type="checkbox"/> Other (specify)		
Classes/Programs that interest me are: (check all that apply)				
<input type="checkbox"/> Adult Day Care Programs	<input type="checkbox"/> Computer		<input type="checkbox"/> Fitness/Tai Chi/Yoga	
<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Cooking Demonstrations		<input type="checkbox"/> Social Club	
<input type="checkbox"/> Ballroom/Line Dancing	<input type="checkbox"/> Forums/Special Topic Workshops		<input type="checkbox"/> Others (Specify)	
How did you hear about ACC Rides/Transportation Service:				
<input type="checkbox"/> Relative	<input type="checkbox"/> Friend	<input type="checkbox"/> Social Media	<input type="checkbox"/> Client	<input type="checkbox"/> Publication

Continued on back

Please complete as much as possible. "Decline to state" is also an acceptable response for each of the data fields below.

Gender Identity:				
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender Male to Female	<input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Decline to State
Sex at Birth:				
<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Decline to State
Sexual Orientation:				
<input type="checkbox"/> Straight/Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Gay	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Decline to State
Race: (check all that apply)				
<input type="checkbox"/> White (Hispanic or Non-Hispanic)	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native
Ethnicity: (If Race selected, check all that apply)				
White:	<input type="checkbox"/> American	<input type="checkbox"/> Canadian	<input type="checkbox"/> European	<input type="checkbox"/> Middle Eastern
	<input type="checkbox"/> North African	<input type="checkbox"/> South African	<input type="checkbox"/> Australian	<input type="checkbox"/> Other
Black:	<input type="checkbox"/> East African	<input type="checkbox"/> West African	<input type="checkbox"/> Central African	<input type="checkbox"/> Caribbean
	<input type="checkbox"/> Other			
Hispanic/Latino:	<input type="checkbox"/> Mexican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Central American		<input type="checkbox"/> South American	<input type="checkbox"/> Other
Asian:	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Other			
Pacific Islander:	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other
Native:	<input type="checkbox"/> American	<input type="checkbox"/> Canadian	<input type="checkbox"/> European	<input type="checkbox"/> Middle Eastern
Are you a Veteran:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Which branch of service?	
Are you related to a Veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship:	
Information Provided by:				
<input type="checkbox"/> Self	<input type="checkbox"/> Friend		<input type="checkbox"/> Relative	<input type="checkbox"/> Other
Rider's Responsibility:				
Please make sure you are seated and buckled up before the vehicle starts. If you need help, please ask the driver/driver assistant for assistance.				
Rider/Caregiver Signature: _____				Date: _____