

RIDE IN KANE RIDER INFORMATION/(Big Rock Township)

Today's Date: _____ Purpose: ☐ Terminate ☐ Registration
☐ 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 (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).
☐ Low Income (Proof of monthly or annual income is required. Low income, for this program, is defined as an individual whose family income is at or below 200% of the poverty line).

FUNDING ELIGIBILITY

Fund Source: **BRT** Fare Structure: **Mileage - \$5 first 10 mi. \$1.50 ea mi after** Eligibility
Expiration: _____
☐ Medicaid Eligible Medicaid Number: _____ ☐ NFI Eligible ☐ JARC Eligible ☐ No Funding Eligibility
(senior or disabled) (low income; work related)
* Trip Purpose: ☐ Medical ☐ Work ☐ Community Access ☐ Daycare ☐ School
☐ Dialysis ☐ General ☐ Training ☐ Adult ☐ Child
Sponsor Contact: _____ Phone: _____

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
Revised 10/18/21