**Ride Assist Naperville (RAN)**

Rider Application and Release

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name:** |  | | | | | | | **Community OR Facility name:** | | | | |  | | | |
| **Phone Number:** | **Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | **Email Address:** | | | | |  | | | |
| **Street Address:** |  | | | | | | | **City and Zip Code:** | | | | |  | | | |
| **Township:** |  | | | | | | | **County:** | | | | |  | | | |
| **Race and Ethnicity:** |  | | | | | | | **Birthdate:** | | | | |  | | | |
| **Are you a veteran?** | **☐ Yes ☐ No** | | | | | | | **Do you live with someone?** | | | | | **☐ Yes ☐ No** | | | |
| **Will someone accompany you?** | **☐ Yes ☐ No** | | | | | | | **If yes, list them and your relationship:** | | | | |  | | | |
| **Do you have any limitations?** | **☐ Cane** | | **☐ Walker**  **☐ Rollator** | | **☐ Wheelchair** | | | | **☐ Vision** | | | | | **☐ Hearing** | | **☐ Oxygen** |
| **Additional information:** |  | | | | | | | | | | | | | | | |
| **What best describes your income level?** (Circle One) | **Household**  **Size** | | | **Annual**  **Income** | | |  | | | | |  | | |  | |
| **1 Person** | | | **$0 -**  **$18,750** | | | **$18,751 -**  **$31,200** | | | | | **$31,201 -**  **$49,950** | | | **$49,951+** | |
| **2 People** | | | **$0 -**  **$21,400** | | | **$21,401 -**  **$35,650** | | | | | **$35,651 -**  **$57,050** | | | **$57,050+** | |
| **Emergency Contact Information:** | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | **Relationship to you:** | | | | |  | | | | | |
| **Mailing Address:** |  | | | | | **City, State, Zip:** | | | | |  | | | | | |
| **Home Phone:** |  | | | | | **Cell Phone:** | | | | |  | | | | | |
| **Email Address:** |  | | | | | **Comments:** | | | | |  | | | | | |
| **CLIENT RELEASE: In consideration for assisting me in obtaining transportation to and from my medical/dental appointments, I hereby waive and release Ride Assist Naperville and its officers, directors, board members, employees, and volunteers (“Released Parties”) from all liability with respect to said transportation and the arrangement for said transportation and agree to hold harmless each of the Released Parties from claims arising from this service. My signature below indicates my agreement to the organization’s guidelines and client release.** | | | | | | | | | | | | | | | | |
| **Client Printed Name:** | |  | | | | | | | | **Date:** |  | | | | | |
| **Client Signature:** | |  | | | | | | | | **Witness** |  | | | | | |
| **Applications will be processed upon return of this completed & signed application.**  **Mail to: Ride Assist Naperville, 790 Royal St. George Dr. Suite 141 #156, Naperville, IL 60563**  **Office Hours: Monday-Friday, 9:00a.m.-1:00p.m.** | | | | | | | | | | | | | | | | |
| **Ride Assist Naperville will contact the applicant for review & approval. Thank you!** | | | | | | | | | | | | | | | | |

Ride Assist Naperville | mailing address: 790 Royal St. George Dr. Ste 141 #156, Naperville, IL 60563

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