**Ride Assist Naperville (RAN)**

Rider Application and Release

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name:** |  | | | | | | **Community OR Facility name:** | | |  | | | | | |
| **Circle and write Preferred Phone Number:**  **Mobile / Home / Work** |  | | | | | | **Email Address:** | | |  | | | | | |
| **Street Address:** |  | | | | | | **City and Zip Code:** | | |  | | | | | |
| **Address Township:** |  | | | | | | **Birthdate:** | | |  | | | | | |
| **Are you a veteran?** | **Yes ☐** | | | **No ☐** | | | **Do you live with**  **someone?** | | | Yes ☐ | | | | No ☐ | |
| **Will someone**  **accompany you to the appointment?** | **Yes ☐** | | | **No ☐** | | | **If yes, list them and your relationship:** | | |  | | | | | |
| **Do you have any limitations?**  (Check what applies) | **Cane: ☐** | | **Walker: ☐**  **Type:**  **Silver foldable: ☐**  **Rolling w/seat: ☐** | | | | **Oxygen: ☐** | | **Vision: ☐** | | | | **Wheelchair: ☐** (must be lightweight, transport chair) | | |
| **Additional information, if needed:** | | | |  | | | | | | | | | | | |
| **What best describes your income level? Circle one:** | | | | **Household Size** | **Income** | | |  | | |  | | | |  |
| **1** | **$0 -**  **$18,750** | | | **$18,751 -**  **$31,200** | | | **$31,201 -**  **$49,950** | | | | **$49,951+** |
| **2** | **$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 officers, directors, board members, employees, and volunteers from any and all liability with respect to said transportation and the arrangement for said transportation and agree to hold harmless each of them from claims arising from this service. My signature below indicates my agreement to the organization’s guidelines. It also indicates my understanding that by using RAN, I voluntarily assume all risks related to exposure to COVID-19.** | | | | | | | | | | | | | | | |
| **Client Printed Name:** | |  | | | | | | **Date:** | | | | Click or tap to enter a 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** | | | | | | | | | | | | | | | |
| **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

email: [info@rideassistnaperville.org](mailto:info@rideassistnaperville.org) | phone: (331) 330-2257