

Ride Assist Naperville (RAN) Rider Application and Release

Client Name:						Community OR Facility name:					
Phone Number:	Home:				_	Client's Email Address					
	Cell:				_	(if applicable):					
Street Address:						City and Zip Code:					
Township:						County:					
Race and Ethnicity: (optional)						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	□ Cane □ Walker □ W □ Rollator		heelc	Ichair		1	☐ Hearing	☐ Oxygen		
Additional information:											
What best describes your income level? (Circle One)	Household		Annual Income								
	1 Person		\$0 \$18,7				3,751 - 1,200		\$31,201 - \$49,950	\$49,951+	
	2 People		\$0 - \$21,400			\$21,401 - \$35,650			\$35,651 - \$57,050	\$57,050+	
Emergency Contact Infor	mation:								·		
Name:	Relation					nship to you:					
Mailing Address:	City, St					tate, Zip:					
Home Phone:	Cell Ph					ione:					
Email Address:	Comme					ents:					
CLIENT RELEASE: In consideration Naperville and its officers, director for said transportation and agree organization's guidelines and clie	rs, board members, to hold harmless ea	employe	es, and volunte	ers ("Rele	eased P	Parties") f	rom all liability v	vith resp	ect to said transporta	tion and the arrangemen	
Client Printed Name:							Date:				
Client Signature:							Witness:				
Ma	Applications will to: Ride Assis	t Naper	-	yal St. G	George	e Dr. Sı	ite 141 #156,				
	Ride Assist Na	pervill	e will contac	t the app	plican	t for rev	view & approv	val. Tha	ınk you!		