

Application for Transportation Service

Required fields are marked with an asterisk*
(Please complete one form per rider)

Type of Membership*: ☐ Individual ☐ Family
Person completing this form is*: ☐ Rider ☐ Family Member ☐ Other

If this is a Family Membership, please fill out a separate,
complete form for each rider.

Family Membership Name: _____

Rider's Name*: _____

Street Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Is this your mailing address*? ☐ Yes ☐ No

Mailing Address (if different than street address):

Mailing Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Type (please select)*: ☐ Mobile ☐ Home
(at least one phone number is required)

Mobile: _____ Home: _____

Email Address: _____

First Emergency Contact*:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Type (please select): ☐ Mobile ☐ Home

Mobile: _____ Home: _____

Email Address: _____

Second Emergency Contact:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Type (please select): ☐ Mobile ☐ Home

Mobile: _____ Home: _____

Email Address: _____

If you are unable to provide an emergency contact please check I agree to the following statement: **I understand that in case of an emergency, I will not have a contact on file with this organization.** ☐ I understand and agree.

Bill to Information:

Would you like your bills to be sent to someone other than the member-rider?

☐ Yes ☐ No

Is your Bill to one of your Emergency Contacts? If yes, please indicate which Emergency Contact should receive your bill.

☐ First Emergency Contact

☐ Second Emergency Contact

If your Bill to is someone other than your Emergency Contacts, complete the information below:

Bill to Name: _____

Bill to Relationship: _____

Bill to Street Address: _____

Bill to City: _____ Bill to State: _____ Bill to Zip Code: _____

Preferred Phone Type (please select): ☐ Mobile ☐ Home

Mobile: _____ Home: _____

Email Address: _____

ITNAmerica respects your privacy and will keep all customer information confidential. The following information allows us to provide better service to our customers and helps us better understand the circumstances that customers face when they apply to use this organization for rides.

Demographic Information:

Gender*: ☐ Male ☐ Female ☐ Other

Marital Status (select one)*:

- | | | |
|---------------------------------|---------------------------------|--------------------------------|
| <input type="radio"/> Married | <input type="radio"/> Widowed | <input type="radio"/> Divorced |
| <input type="radio"/> Partnered | <input type="radio"/> Separated | <input type="radio"/> Single |

Date of Birth*: _____/_____/_____
 MM DD YYYY

Are you of Hispanic, Latino, or Spanish origin*?

- ☐ No, not of Hispanic, Latino, or Spanish Origin
☐ Yes

Ethnic Background (Please select all that apply.):

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Native Hawaiian or other
Pacific Islander | <input type="checkbox"/> Some other race or ethnicity |

Primary Language Spoken:

- | | | | |
|-------------------------------|--------------------------------|-------------------------------|--|
| <input type="radio"/> English | <input type="radio"/> Spanish | <input type="radio"/> Chinese | <input type="radio"/> American Sign Language |
| <input type="radio"/> French | <input type="radio"/> Japanese | <input type="radio"/> Korean | <input type="radio"/> Vietnamese |
| <input type="radio"/> Tagalog | | | |

Other Language Spoken:

- | | | | |
|-------------------------------|--------------------------------|-------------------------------|--|
| <input type="radio"/> English | <input type="radio"/> Spanish | <input type="radio"/> Chinese | <input type="radio"/> American Sign Language |
| <input type="radio"/> French | <input type="radio"/> Japanese | <input type="radio"/> Korean | <input type="radio"/> Vietnamese |
| <input type="radio"/> Tagalog | | | |

Household Income:

- ☐ Less than \$25,000
- ☐ \$25,000-\$49,999
- ☐ \$50,000-\$74,999
- ☐ More than \$75,000

Number of People in Household: _____

Dwelling Arrangements*:

- | | |
|--|---|
| <input type="radio"/> Private home | <input type="radio"/> Independent living in a retirement
community |
| <input type="radio"/> Apartment | |
| <input type="radio"/> Assisted living facility | <input type="radio"/> Other |

Living Arrangements*:

- | | |
|--|--|
| <input type="radio"/> Live alone | <input type="radio"/> Live with spouse/partner |
| <input type="radio"/> Live with friend | <input type="radio"/> Live with children |
| <input type="radio"/> Live with other family | |

Current primary means of getting around*:

- | | | |
|-----------------------------|---|--|
| <input type="radio"/> Drive | <input type="radio"/> Private service | <input type="radio"/> Ride with family or friend |
| <input type="radio"/> Walk | <input type="radio"/> Public transportation | <input type="radio"/> Taxi |

Have you ever served on active duty in the U.S. Armed Forces, Military Reserves, or National Guard? *

- ☐ Yes ☐ No
-

Completing the following sections on Mobility Aids, Service Needs and Special Needs will help us serve you better.

Mobility Aids: (Please check all that apply.) Even if you only need a Mobility Aid part of the time, please let us know by checking the appropriate box.

- | | |
|---|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Knee walker | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Walker, oversized | <input type="checkbox"/> Wheelchair required at drop-off |
| <input type="checkbox"/> Wheelchair, can NOT transfer | <input type="checkbox"/> Wheelchair, can transfer |
| <input type="checkbox"/> Wheelchair, wide | |

Service Needs: (Please check all that apply.) Letting us know about your service needs will help us match you with the best driver.

- | | |
|--|--|
| <input type="checkbox"/> Door through door | <input type="checkbox"/> Full-sized vehicle required |
| <input type="checkbox"/> Needs assistance | <input type="checkbox"/> Never leave alone |
| <input type="checkbox"/> NO high vehicle | <input type="checkbox"/> NO low vehicle |
| <input type="checkbox"/> Service animal | <input type="checkbox"/> WAV required |

Special Needs: (Please check all that apply.) Helping us understand your special needs will help us match you with the best driver.

- | | | |
|---|---|---|
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Asthma/breathing disorder | <input type="checkbox"/> Autism Spectrum |
| <input type="checkbox"/> Balance issues | <input type="checkbox"/> Bladder or bowel control problems | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Dementia (memory impaired) | <input type="checkbox"/> Hearing impaired |
| <input type="checkbox"/> Intellectually or developmentally disabled | <input type="checkbox"/> Neurologic and degenerative diseases | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Personal assistant, accompanies rider | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Severe allergies |
| <input type="checkbox"/> Speech impaired | <input type="checkbox"/> Traumatic brain injury | <input type="checkbox"/> Vision impaired |

Driving Information:

Do you have a current driver's license? * ☐ Yes ☐ No

If no, what was the last year you held a valid driver's license? _____
YYYY

Do you own a vehicle? * ☐ Yes ☐ No

Do you currently drive? * ☐ Yes ☐ No

If you do not drive... please check a reason:

- | | | |
|--|---------------------------------------|--|
| <input type="radio"/> Car needs repair | <input type="radio"/> Illness | <input type="radio"/> Police/judge request |
| <input type="radio"/> Doctor's orders | <input type="radio"/> License expired | <input type="radio"/> Too expensive |
| <input type="radio"/> Don't feel safe | <input type="radio"/> License revoked | <input type="radio"/> Traffic accident |
| <input type="radio"/> Family request | <input type="radio"/> Never licensed | |

If you drive...

Have you tried any driver improvement activities or classes to help you keep driving safely longer?

☐ Yes ☐ No

How often do you drive?

- ☐ Less than once a week
- ☐ 1-2 days per week
- ☐ 3 or more days per week

Have you restricted your own driving? ☐ Yes ☐ No

How often do you _____? (Please answer each statement.)

a. avoid driving at night?

☐ Always ☐ Often ☐ Sometimes ☐ Never

b. avoid highway driving?

☐ Always ☐ Often ☐ Sometimes ☐ Never

c. avoid making left turns across oncoming traffic?

☐ Always ☐ Often ☐ Sometimes ☐ Never

d. avoid driving in bad weather?

☐ Always ☐ Often ☐ Sometimes ☐ Never

e. avoid driving alone?

☐ Always ☐ Often ☐ Sometimes ☐ Never

f. avoid driving on high traffic roads?

☐ Always ☐ Often ☐ Sometimes ☐ Never

g. avoid driving in unfamiliar areas?

☐ Always ☐ Often ☐ Sometimes ☐ Never

h. pass up the opportunities to go shopping, visit friends, etc because of concerns about driving?

☐ Always ☐ Often ☐ Sometimes ☐ Never

Would you like to reduce the cost of your trips by sharing rides with others when it's safe and convenient? *

☐ Yes ☐ No

Would you be interested in volunteering in any of the following areas?

- ☐ Stuffing envelopes for mailings
- ☐ Fundraising/Grant writing
- ☐ Bookkeeping
- ☐ Writing articles for our newsletter
- ☐ Speaking publicly about this organization
- ☐ Baking for this organization's events
- ☐ Serving on the Board of Directors
- ☐ Assisting with an event
- ☐ Publicizing/Distributing information about this organization
- ☐ Assisting with social media
- ☐ Ride/appointment companion
- ☐ I am not interested in any other volunteer work with this organization
- ☐ Other

Informed Consent

The Independent Transportation Network (ITN) is a nonprofit, community-based organization providing dignified, consumer-oriented transportation for seniors and people with visual impairments.

As an ITN Affiliate, this organization benefits from more than a decade of research to develop a model for economically sustainable transportation. Among the public and private organizations that have supported this research are the Federal Transit Administration, the Transportation Research Board (National Academies of Science), AARP, the Great Bay Foundation for Social Entrepreneurs, and the Atlantic Philanthropies. Thousands of private individuals and their families have participated in this research and development, without which, this service would not be possible.

In the spirit of this public/private effort, to continue the development and analysis that will allow ITNAmerica to better understand the mobility needs of older Americans, their families and their communities, and to continuously improve the quality and sustainability of the service, we routinely collect data about riders and the rides we deliver. The identity of our riders is kept entirely confidential in all reports we use for these purposes.

In addition to this routine data collection, ITNAmerica also conducts research. From time to time, we may ask you to participate in a research project. Your participation in the ITNAmerica research studies is voluntary and confidential. If you prefer not to participate in research studies, your decision will not affect the quality of your service or your eligibility to use ITN for rides.

Your signature indicates that you understand that routinely collected ITNAmerica data will be used to study and improve transportation for seniors, and that you may, from time to time, be asked questions about your use of the service. We will do our best to provide rides for you and we will always strive to inform you when we cannot provide a ride. However, we are not responsible for any costs or expenses you may incur when we are unable to provide a ride for a specific time and place.

By typing your name in the box below and submitting this form, you agree that your digital signature will be considered your legal signature and represents your agreement to the terms and policies outlined above.

Customer*: _____ (please print name)

Signature of customer or legal representative: _____

Date*: _____

Signature of Organization's Representative: _____

Date: _____

Organization is this document refers to: _____

Personal Transportation Account™ Agreement

A personal transportation account is like a personal bank account. It is debited whenever you take a ride with Organization, and when you make a payment to Organization, it is like making a deposit into your account. At the end of each month, you receive a statement that details your rides and any other account activity, such as payments, gift certificates, Ride & Shop™ or HealthyMiles™, volunteer credits, CarTrade™ credits, or payment of membership dues.

Organization is a charitable nonprofit service supported by your fares and voluntary local community support. Because fares cover only half the true cost of rides, Organization may include family members and any others you have listed as contacts in its fundraising campaigns, including the Family Membership Campaign, Walk for Rides and Annual Appeal. Participation in these campaigns is voluntary. A contact's decision not to participate will not affect the quality of your service or your eligibility to use Organization for rides.

Please Note: Your contacts may receive a limited number of mailings (via regular mail or e-mail) for the Organization fundraising events/campaigns, as well as up to four quarterly Organization Newsletters. Their names will not be shared with any other party or organization.

If Organization charges a fee for providing transportation, **your signature below indicates that you agree to the following policies:**

1. You will maintain a balance in your account sufficient to cover your monthly rides.
2. Your membership dues will be automatically debited on the anniversary of your membership.
3. If you have an unpaid balance greater than allowed by this site for longer than 60 days, your account will be paused until you have deposited sufficient funds to again achieve a positive balance.
4. If there is no activity in your account for one year and we have made three documented unsuccessful attempts to reach you, you agree that the balance in your account will become a charitable gift to the organization.

Signature*: _____ Date*: _____