



# Ride Assist Naperville (RAN) Rider Application and Release

<b>Client Name:</b>			<b>Community / Facility name:</b>		
<b>Phone Number:</b> Mobile / Home / Work			<b>Email Address:</b>		
<b>Street Address:</b>			<b>City, Zip Code:</b>		
<b>Township:</b>			<b>Birthdate:</b>		
<b>Are you a veteran?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Do you live with someone?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Will someone accompany you to the appointment?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>If yes, list their name(s) and relationship:</b>		
<b>Do you have any limitations?</b> (check what applies)	Cane: <input type="checkbox"/>	Walker: <input type="checkbox"/>	Oxygen: <input type="checkbox"/>	Vision: <input type="checkbox"/>	Wheelchair: <input type="checkbox"/> ( <u>must</u> be lightweight, transport chair)
		Type: Silver foldable: <input type="checkbox"/> Rolling w/seat: <input type="checkbox"/>			
<b>Additional information, if needed:</b>					
<b>What best describes your income level?</b> 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+
<b>Emergency Contact Information:</b>					
<b>Name:</b>			<b>Relationship to you:</b>		
<b>Mailing Address:</b>			<b>City, State, Zip:</b>		
<b>Home Phone:</b>			<b>Cell Phone:</b>		
<b>Email Address:</b>			<b>Comments:</b>		
<p><b>CLIENT RELEASE:</b> 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.</p>					
<b>Client Printed Name:</b>			<b>Date:</b>	Click or tap to enter a date.	
<b>Client Signature:</b>			<b>Witness</b>		
<p><b>After you complete and sign this form, mail to: Ride Assist Naperville, 790 Royal St. George Dr. Suite 141 #156, Naperville, IL 60563</b></p>					
<p><b>Ride requests must be made AT LEAST 7 days in advance of the appointment. Do not pay your volunteer driver and, please, no tipping.</b></p>					
<p><b>You will receive a donation request the month following your rides(s). Thank you!</b></p>					