

Application for Transportation Service

(Please complete one form per rider)

Person completing this form is : Rider Family Member Other

Type of Membership : Individual Family (2 or more in Household)

Family Membership Name : _____

Rider's Name : _____

Street Address : _____

City : _____ State : _____ Zip Code : _____

Mailing Address (if different than street address) : _____

Home Phone : _____ (_____) _____ Years at Address : _____

Cell Phone : _____ (_____) _____ Fax : _____ (_____) _____

E-mail Address : _____

Is this your year-round residence ? Yes No

If no, please provide additional addresses : _____



Dignified transportation for seniors

Bill To : If different than Member

Name : _____

Relationship : _____

Street Address : _____

City : _____ State : _____ Zip Code : _____

Phone : () _____ E-mail : _____

First Emergency Contact :

Name : _____

Relationship : _____

Street Address : _____

City : _____ State : _____ Zip Code : _____

Phone : () _____ E-mail : _____

Second Emergency Contact :

Name : _____

Relationship : _____

Street Address : _____

City : _____ State : _____ Zip Code : _____

Phone : () _____ E-mail : _____

How did you hear about ITN? Select one :

- | | | | |
|---|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Friend | <input type="checkbox"/> Speaker | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Television | <input type="checkbox"/> Flier | <input type="checkbox"/> Phone book |
| <input type="checkbox"/> Agency on Aging | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Internet | |
| <input type="checkbox"/> Others (Specify) : | _____ | | |

Referral : If referred, name of person who made referral:

Name : _____

Relationship : _____

Street Address : _____

City : _____ State : _____ Zip Code : _____

Phone : () _____ E-mail : _____

Would you like us to send information about ITN to a relative, friend, or business?

Name : _____

Relationship : _____

Street Address : _____

City : _____ State : _____ Zip Code : _____

Phone : () _____ E-mail : _____

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 the ITN for rides.

Customer Information :

Gender : Female Male

Date of Birth : / /
 mm dd yyyy

Marital Status : (select one)

- Married Divorced Single
 Widowed Partnered

Living Arrangements: (check all that apply)

- Live Alone Live with Spouse Live with Children
 Live with Friend Live with Other Family

Dwelling Arrangements: (select one)

- Private home Assisted living facility
 Independent living in a retirement community
 Other (specify) _____

Ethnic Background : (select one)

African American Asian Caucasian

Hawaiian/Pacific Islander Hispanic/Latino

Native American/Alaska Native

Other (Specify) : _____

Languages spoken: (check all that apply)

English Spanish French

Other (Specify) : _____

Current primary means of getting around :

Drive Walk Ride with family or friend

Public transportation Taxi Private service

Other (Specify) : _____

Civic Engagement :

Are you a member of any of the following organizations ?

AAA AARP Elks Kiwanis Rotary

Knights of Columbus Masons/Eastern Star Fraternity/Sorority

Other (Specify) : _____

Are you a member of any professional organizations or labor unions ?

Please list : _____

Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Yes No

Special Needs and Mobility Assistance : (Please check all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Walker | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Blind – Seeing Eye | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Alzheimer’s/Dementia | <input type="checkbox"/> Personal Assistant |
| <input type="checkbox"/> Bladder or Bowel Control Problems | <input type="checkbox"/> Driver Assistance Required | <input type="checkbox"/> NO High Vehicle |
| <input type="checkbox"/> Full-Sized Vehicle Required | | |

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? _____

Do you own a vehicle? Yes No

Have you tried any driver improvement activities or classes to help you keep driving safely longer? Yes No

Do you currently drive? Yes No

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

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

Have you driven a car in the last ten years ? Yes No

If you drive...

How often do you drive ? Less than once a week

- | | |
|--|--|
| <input type="checkbox"/> 1-2 days per week | <input type="checkbox"/> 3 or more days per week |
|--|--|

Have you restricted your own driving? Yes No

How often do you _____? (check boxes)

- | | | | |
|--|---------------------------------|------------------------------------|--------------------------------|
| a. avoid driving at night ? | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| b. avoid highway driving | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| c. avoid making left turns across oncoming traffic ? | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| d. avoid driving in bad weather | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| e. avoid driving alone ? | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |

f. avoid driving on high traffic roads ?

Always

Sometimes

Never

g. avoid driving in unfamiliar areas ?

Always

Sometimes

Never

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

Always

Sometimes

Never

Rideshare :

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

Yes

No

Programs :

Would you like information on any of these ITN programs ?

Office Volunteer : Help support the ITN in your spare time.

Gift Certificates : Family and friends may purchase rides as a gift.

CarTrade™ : Trade your car for ITN transportation credits

Car Donation : Donate your car to ITN.

Personal Transportation Account Agreement

A personal ITN transportation account is like a personal bank account. It is debited whenever you take an ITN ride, and when you make a payment to ITN, 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 & ShopTM or Healthy MilesTM, volunteer credits, CarTradeTM credits, or payment of membership dues.

ITN is a charitable nonprofit service supported by your fares and voluntary local community support. Because fares cover only half the true cost of rides, the ITN affiliate 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 ITN for rides.

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 \$200 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 ITN;**
- 5. Your contacts may receive a limited number of mailings (via regular mail or e-mail) for the ITN affiliate's fundraising events/campaigns, as well as up to four quarterly ITN Newsletters. Their names will not be shared with any other party or organization.**

Signature

Date

Informed Consent

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

As an ITNAmerica affiliate community, your ITN 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 the 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.

Customer : _____ (please print name)

Signature of customer or legal representative : _____

Date : _____

ITN Signature : _____ Date : _____