

RideLink Client Registration Information

Last Name:		First Name:		Middle Initial:	
Street Address:					(if applicable) Apt.
City:	County: KENT	Zip:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Phone: ()		Mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	(Must be 60 or older) Date of Birth:		
Alternative Phone: ()		Mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Residents in Household:		
Do you identify as transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say			Estimated Annual Household Income:		
Sexual Orientation: <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say			\$ _____ .00 (Required)		
Race/Ethnicity: Multi-racial? Mark all that apply:	<input type="checkbox"/> Caucasian/ White	<input type="checkbox"/> African- American/ Black	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> Asian/ Pacific Islander	<input type="checkbox"/> American Indian/Eskimo/ Aleut
Disability Information					

Disability: A physical or mental impairment that substantially limits one or more major life activity.

Using the definition provided above, would you describe yourself as having a disability? Yes No

Will you be transported in a wheelchair? Yes No Do you use an assistive device? Cane Walker Other

Do you need assistance getting to and from the vehicle? Yes No Do you need the lift? Yes No

Emergency Contact Information

Last Name:		First Name:		Middle Initial:	
Primary Phone: ()			Alternate Phone: ()		
Relationship to Client:					

Confidentiality & Release of Information

I understand that the confidential information I am providing on this form will be used for state and local reporting requirements, program management, quality assurance, public safety and research. No other use of personal identifying information on this form is intended unless I authorize it or a court orders it.

Signature: _____ Date: _____

Agency or Service Provider Use **ONLY**

Full Name:		Primary Phone: ()	
Agency Affiliation:			
Verbal release secured: <input type="checkbox"/> Yes <input type="checkbox"/> No	Form mailed to client: <input type="checkbox"/> Yes <input type="checkbox"/> No	Form faxed to (616) 243-1258	
Date secured:	Date mailed:	date faxed:	

Mail form to: **Hope Network Transportation PO Box 890 Grand Rapids, MI 49518-0890**

Be sure to answer all fields. Incomplete forms will NOT be processed.

Allow 5 business days for processing. Call RideLink at 844-694-6589 to verify receipt of registration.

This initiative is funded by: The Kent County Senior Millage. It is further supported by Hope Network West Michigan, Kent County Community Action, The Rapid, Senior Neighbors, United Methodist Community House and The Kent County Essential Needs Task Force (ENTF).