



Kent Community Transit Registration Form

July-2019

616-243-0876

Last Name:		First Name:			M.I.	
Street Address:				Apt/Facility name		
City:	Township or City:		Zip:	E-Mail		
Primary Phone:()			Alt Phone:()			
Demographic Information						
Date of Birth:			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
Number living in your household:			Annual Household Income \$:			
Race / Ethnicity Check all that apply	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Am Indian/Alaska	<input type="checkbox"/> Hawaii/Pac Is. <input type="checkbox"/> Multiracial/Other
Disability-Check all that apply						
<input type="checkbox"/> Behavioral Impaired	<input type="checkbox"/> Cognitive Impaired	<input type="checkbox"/> Develop. Disabled	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Mentally Impaired	<input type="checkbox"/> Physically Impaired	<input type="checkbox"/> Speech Impaired <input type="checkbox"/> Seizures <input type="checkbox"/> Visually Impaired
Have you ever served in the military? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Safety Information						
Emergency Contact:				Emergency Contact Phone: ()		
Can Passenger be left home unattended? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Mobility Aides Used:	<input type="checkbox"/> None	<input type="checkbox"/> Foldable Walker	<input type="checkbox"/> Non-foldable Walker	<input type="checkbox"/> Lift Required	<input type="checkbox"/> Regular Wheelchair	<input type="checkbox"/> Ex-Large Wheelchair
Assistance Needed To/From Vehicle	<input type="checkbox"/> Curb to curb	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Door to Door	<input type="checkbox"/> Door through Door	<input type="checkbox"/> Person to Person	
Special Considerations:						
Person Registering Passenger if not rider						
Printed Name of person completing form:						
Signature of person completing form:						
Contact Number:			Date Form Completed:			
I wish to be billed <input type="checkbox"/>	Bill to:					
I wish to pay a cash <input type="checkbox"/>	<i>Fare is \$5.00 per one-way trip</i>					
To be eligible for Kent Community Transit, you must be a resident of Kent County, be 60 years of age or older or have a disability. The service excludes residents of the six cities & portions of Cascade Township served by The Rapid and Go!Bus.						
Proof of eligibility is required for this service-Either 60 years of age or older OR have a disability						
Provide proof of Senior Citizen 60 or older						
Copy of picture ID with date of birth <input type="checkbox"/>	Copy of birth certificate <input type="checkbox"/>			Other <input type="checkbox"/>		
Provide proof of disability						
Written statement from physician <input type="checkbox"/>	Proof of income from SSI or SSDI <input type="checkbox"/>			Other <input type="checkbox"/>		

Please return completed form to:
 Hope Network Transportation, P.O. Box 890 Grand Rapids, MI 49518-0890
 or Fax to 616-243-1258