

RideLink Client Registration Information

Last Name:		First Name:		Middle Initial:		
Street Address:				<i>(if applicable)</i> Apt.		
City:	County: KENT	Zip:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a Veteran?		
Primary Phone: ()		Mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(Must be 60 or older)</i> Date of Birth:			
Alternate Phone: ()		Mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Residents in Household:			
Are you a Medicaid Recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No			Estimated Annual Household Income:			
If yes, do you have a Medicaid HMO? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ _____,00 <i>(Required)</i>			
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	<input type="checkbox"/> Other

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

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 Date secured:	Form mailed to client: <input type="checkbox"/> Yes <input type="checkbox"/> No Date mailed:	Form faxed to: 616-774-1284 <input type="checkbox"/> Yes <input type="checkbox"/> No Date faxed:	

Mail form to: RideLink C/O The Rapid, 300 Ellsworth Avenue SW, Grand Rapids, MI 49503
Must be a resident of Kent County. Be sure to answer all fields. Incomplete forms will NOT be processed.
Allow 5 business days for processing. Call RideLink at 616-774-1288 to verify the registration form has been processed.

Revised 8/10/17

This initiative is funded by: The Area Agency on Aging of Western Michigan and The Rapid. It is further supported by ACSET, Hope Network Volunteer Transportation, Senior Neighbors, Hope Network West Michigan, United Methodist Community House and The Kent County Essential Needs Task Force (ENTF).