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Dignified transportation for seniors

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 : _____

_____

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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 :** _____

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How did you hear about ITN? Select one :

☐ Family ☐ Friend ☐ Speaker ☐ Doctor

☐ Radio ☐ Television ☐ Flier ☐ Phone book

☐ Agency on Aging ☐ Social Worker ☐ Internet

☐ Others (Specify) : _____

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

Name : _____

Relationship : _____

Street Address : _____

City : _____ State : _____ Zip Code : _____

Phone : ( ) _____ E-mail : _____

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

Name : _____

Relationship : _____

Street Address : _____

City : _____ State : _____ Zip Code : _____

Phone : ( ) _____ E-mail : _____

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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)** _____

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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) : _____

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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.)

☐ **Cane**	☐ **Walker**	☐ **Wheelchair**
☐ **Visually Impaired**	☐ **Blind – Seeing Eye**	☐ **Deaf**
☐ **Anxiety Disorder**	☐ **Alzheimer's/Dementia**	☐ **Personal Assistant**
☐ **Bladder or Bowel Control Problems**	☐ **Driver Assistance Required**	☐ **NO High Vehicle**
☐ **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**

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If you do not drive… please check a reason

- ☐ Never licensed
- ☐ Illness
- ☐ Traffic accident
- ☐ Doctor's orders
- ☐ License revoked
- ☐ License expired
- ☐ Don't feel safe
- ☐ Family request
- ☐ Police/judge request
- ☐ Too expensive
- ☐ 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

- ☐ 1-2 days per week
- ☐ 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 ?	☐ Always	☐ Sometimes	☐ Never
b. avoid highway driving	☐ Always	☐ Sometimes	☐ Never
c. avoid making left turns across oncoming traffic ?	☐ Always	☐ Sometimes	☐ Never
d. avoid driving in bad weather	☐ Always	☐ Sometimes	☐ Never
e. avoid driving alone ?	☐ Always	☐ Sometimes	☐ Never

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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.**

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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 & Shop™ or Healthy Miles™, volunteer credits, CarTrade™ 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**

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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 :** _____

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