

Intake Form Transit2GO

*answer is required

*Rider's first and last name: _____

*Email: _____

*What is your D.O.B? (MM/DD/YYYY) All riders must be 18 years or older or accompanied by their legal guardian.

*Do you have a medical diagnosis for a physical or cognitive disability?

If yes, please explain?

If you responded no to the previous question but still believe that you qualify for this resource, please explain why in the blank below?

*How will you pay for this service? (EX: IRIS funding or Private Pay)

If you're using IRIS, please state who your IC (IRIS Consultant) is and give us their email:

Do you give us permission to contact them to discuss funding?

*Do you require/ or use a physical support such as a cane, walker, crutch, wheelchair, or other automated device?

*Will you be riding alone or with care giver assistance? If you are riding with a caregiver, respite provider, family friend, service animal etc. What is the name of your riding companion?

*What form of transit do you currently use or are comfortable with?

Please explain your likes and dislikes about your transportation preferences below:

*What is your level of proficiency in the English language? (Intermediate, fluent, or none.)

Do you require a translator? If so, what is your native language?

*Is the individual filling out this form the person receiving this training?

*How did you hear about this service?

___ Social Media

___ Family/Friend

___ Community Organization

___ Other: _____



Transit2gonow.com

Any questions or comments can be sent to Transit2GO@outlook.com