VOLUNTARY ACTION CENTER

KENDALL AREA TRANSIT SERVICE REGISTRATION

109 West Ridge Street - RM 002, Yorkville, IL 60560

PHONE (877) 446-4528 FAX (630) 882-6971

Please Print Clearly and Fill in all Blanks

TODAY'S DATE __________________

NAME: ____
(First) (Middle) (Last)

ADDRESS:____
(Street name and number) (Apt #) (City) (Zip Code) (Township)

PHONE: ____________________________ ALT PHONE: ____________________________
BIRTH DATE ____________________________ SEX: Male_____ Female_____
RACE : ____ American Indian/Alaskan Native ____ Asian/Pacific Islander ____ Hispanic
____ Black, African American ____ White, Not of Hispanic Origin

LOW INCOME: Yes _____ No ______

DO YOU HAVE A MEDICAID (PUBLIC AID) MEDI-PLAN CARD? YES____ NO____
NAME (Exactly as it appears on the Medi-Plan Card) _____________________________________
MEDI-PLAN RECIPIENT NUMBER FROM BACK OF CARD (ID #)________________________

DO YOU HAVE A DISABILITY? YES____ NO ____
If Yes, Please Describe:

DO YOU USE: ____ Wheelchair ____ Cane ____ Service Animal
____ Motorized Scooter ____ Walker ____ Crutches
____ Portable O2

DO YOU HAVE A VISUAL____ OR HEARING____ IMPAIRMENT?

DO YOU NEED ASSISTANCE WITH USING OUR TRANSPORTATION SERVICE: ____Y ____N
If Yes, Please Describe: ____

DO YOU HAVE AN ILLNESS OR ANY OTHER CONDITION THAT THE DRIVER SHOULD BE AWARE OF?
(For Example: Heart Condition, Asthma, Epilepsy, Cancer, Pregnancy, Etc.)
If Yes, Please Describe:____

IN CASE OF EMERGENCY, PLEASE NOTIFY:
NAME____________________________ RELATIONSHIP____________________________
ADDRESS____
PHONE____________________________ ALT PHONE____________________________

(Signature)____________________________________

Revised March 27, 2012