



ACC Senior Services ACC Rides Transportation Services Rider Information Form

(Please Print Clearly)

Date: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Telephone: () _____ Cell: () _____ Email: _____

Date of Birth: ____/____/____ Age: ____ Languages (spoken): _____

Emergency Contact:

Name: _____	Relationship to Rider: _____
Telephone Number: () _____	

My disability(ies), is/are related to health and/or physical limitations: (briefly explain)

(i.e., stroke, heart condition, vision/hearing impaired, dialysis, arthritis, seizures, mobility, food insecure, victim on abuse, dementia, risk of institution, in-home support recipient, etc.)

Due to the disability(ies) listed above, I will need the following assistance:

<input type="checkbox"/> Cane	<input type="checkbox"/> Walker	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Personal Assistant
<input type="checkbox"/> Other (specify): _____			

I live: (check one)

<input type="checkbox"/> Alone	<input type="checkbox"/> With Spouse	<input type="checkbox"/> With Relatives	<input type="checkbox"/> Senior Housing	<input type="checkbox"/> Assisted Living Facility
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I need rides/transportation services for: (check all that apply)

<input type="checkbox"/> Medical/Health-Related Appointments	<input type="checkbox"/> Grocery Shopping	<input type="checkbox"/> Field Trips
<input type="checkbox"/> ACC Classes and/or Programs	<input type="checkbox"/> Other (specify): _____	

Classes/Programs that interest me are: (check all that apply)

<input type="checkbox"/> Caregiver Support Program	<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Senior Escort Program
<input type="checkbox"/> Computer	<input type="checkbox"/> Cooking Demonstrations	<input type="checkbox"/> Forums/Special Workshops
<input type="checkbox"/> Fitness/Tai Chi/Yoga	<input type="checkbox"/> Social Club	<input type="checkbox"/> Other

Continued on back of form.

The following are not criteria for service eligibility. Please complete as much as possible.

Monthly Income: (check best fit)			
<input type="checkbox"/> Individual	<input type="checkbox"/> \$1073.00 or less	<input type="checkbox"/> Couple	<input type="checkbox"/> \$1,451.00 or less
<input type="checkbox"/> SSI Beneficiary		<input type="checkbox"/> Decline to State	
Gender Identity:			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender Male to Female	<input type="checkbox"/> Transgender Female to Male
<input type="checkbox"/> Genderqueer/Non-Binary		<input type="checkbox"/> Not Listed	<input type="checkbox"/> Decline to State
Sex at Birth:			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Not-Listed/Missing	<input type="checkbox"/> Decline to State
Sexual Orientation:			
<input type="checkbox"/> Straight/Heterosexual		<input type="checkbox"/> Lesbian/Gay	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Questioning/Unsure		<input type="checkbox"/> Not Listed	<input type="checkbox"/> Decline to State
Race/Ethnicity: (check all that apply)			
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian
<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
Have you ever served in the United States military?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Which branch?
<p>I consent to this agency and the California Department of Aging transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I may be eligible. I understand that this consent is valid for 12 months. Contact the California Department of Veterans Affairs (CalVet) to determine eligibility for services and support at www.calvet.ca.gov or 1-800-952-5626.</p>			
Rider's Responsibility:			
<p>Please make sure you are seated and buckled up before the vehicle starts. If you need help, please ask the driver/driver assistant for assistance.</p> <p>Client/Caregiver Signature: _____ Date: _____</p>			

Return the form to: **ACC Rides 7334 Park City Drive, Sacramento, CA 95831**

The Older American Act allows ACC Rides to inform clients they have the opportunity to voluntarily contribute to the program. Our suggested voluntary contribution for each one-way trip provided is \$5.00.

However, any amount is gladly accepted and no one will be denied service due to inability to contribute.