



ACC Rides Transportation Services Private Rides Registration 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:

Cane Walker Wheelchair Personal Assistant

Other (specify): _____

I live: (check one)

Alone With Spouse With Relatives Senior Housing Assisted Living Facility

I need rides/transportation services for: (check all that apply)

Medical/Health-Related Appointments Grocery Shopping Field Trips

ACC Classes and/or Programs Other (specify): _____

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

Caregiver Support Program Arts and Crafts Senior Escort Program

Computer Cooking Demonstrations Forums/Special Workshops

Fitness/Tai Chi/Yoga Social Club Other

Continued on back of form.

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

Monthly Income: <i>(check best fit)</i>			
<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: <i>(check all that apply)</i>			
<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