

Volunteer Assisted Transportation Rider Application/Assessment Form

Referred by:
Organization:
Contact Phone:

RIDER INFORMATION	Date:
Name:	
Address:	Zip:
Phone(s):	
Email:	Date of Birth:
Marital Status:	SSN (last 4 digits):
Sex: Ethnicity:	Primary Language:
I have lived in	County for years.
Emergency Contact:	
Relationship to Rider:	Contact Number(s):
CONTACT PERSON IF NOT THE RI	IDER:
	Email:
Phone(s): Do you Require Assistance to	TRAVEL SAFELY?
Phone(s): Do you Require Assistance to If Yes, please explain what ki Where do you need transport	TRAVEL SAFELY?
Phone(s): Do you Require Assistance to If Yes, please explain what ki WHERE DO YOU NEED TRANSPORT Work	TATION TO? Social Church Appointment OTRAVEL SAFELY? No Yes Yes ATION TO?
Phone(s): Do you Require Assistance to If Yes, please explain what ki WHERE DO YOU NEED TRANSPORT Work	TATION TO? Social Church Appointment OTRAVEL SAFELY? No Yes Yes ATION TO?
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Phone(s): Do you Require Assistance to If Yes, please explain what ki Where do you need transport Work	TRAVEL SAFELY? No Yes ind of assistance you require:
Phone(s): Do you Require Assistance to If Yes, please explain what ki WHERE DO YOU NEED TRANSPORT Work	TRAVEL SAFELY?

PLEASE CHECK ALL TH	AT APPLY:		YES	No
Deaf/Hard of Hearing				
Speech Impairment	,			
Blind/Low Vision				
Dementia				
Mental Health Diagn				
Oxygen Use ~ Tank				
	Stairs/Lifting Arms & Leg	S		
Walker/Cane~ Type/s Powerchair/Scooter	SIZE:			
Manual Wheelchair~	(circle type) Standard	Oversize		
Wanda Wileelchail~	(circle type) Standard	Oversize		
Can Orally Respond	to Questions			
Can Read Printed Ma				
Allergies/ Other Majo	or Health Concerns:			
Are You a Smoker/Is	there a Smoker in your h	nome?		
Are there any Anima				
	a description of the animal	s (species/size):		
Do any Service Anim If yes: Type & Ar				
If there anything else	you would like us to know a	about you in order to s	erve you bett	er?
my knowledge. I here	rm that the information prob by give permission for the or release relevant informat	Knoxville-Knox Count	y Community	Action
Rider/Guardian/Conse	ervator Signature	Date	е	
es:				

Questions? Please call: (865) 673-5001 Volunteer Assisted Transportation

Return this completed application to: Volunteer Assisted Transportation

RIDER'S GENERAL HEALTH INFORMATION

P.O. Box. 51650

Knoxville, TN 37950-1650

wbs 06/2012