



# 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 RIDER:**

Contact Name: \_\_\_\_\_

Relationship to Rider: \_\_\_\_\_ Email: \_\_\_\_\_

Phone(s): \_\_\_\_\_

**DO YOU REQUIRE ASSISTANCE TO TRAVEL SAFELY?**     No     Yes

If Yes, please explain what kind of assistance you require: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHERE DO YOU NEED TRANSPORTATION TO?**Work     Shop     Doctor     Social     Church     Appointment     Other 

General Area: \_\_\_\_\_

How do you get there now? \_\_\_\_\_

**RIDER BACKGROUND INFORMATION**Are you receiving TennCARE?     No     Yes    If yes, Type: \_\_\_\_\_Are you currently employed?     No     Yes    If yes, Where? \_\_\_\_\_Are you a Veteran?     No     Yes    When did you serve? \_\_\_\_\_

Are you capable of using public transportation or traveling alone? \_\_\_\_\_

