

RIDE IN KANE RIDER INFORMATION/(KANE COUNTY VETERANS ASSISTANCE COMMISSION)

Today's Date: _____ Purpose: Terminate Registration
 New Info Change

CLIENT INFORMATION

First N: _____ Last N: _____ F M DOB: _____
Name of Resident Facility: _____ Facility Phone #: _____
Address: _____ Unit: _____ City: _____ Zip: _____
Closest Intersection: _____ Cell: _____ Ph.: _____
Emergency Contact Name & Phone Number(s): _____ **This should include someone who can contact you or assist with a ride should your ride not be able to pick you up.**
Comments: _____

ELIGIBILITY CRITERIA

- Senior (Proof of age is required).
- Disabled (Proof of disability is required. Disability, for this program, is defined as an individual who, because of illness, injury, age, congenital malfunction, or other incapacity or temporary or permanent disability, cannot use effectively, without special facilities, planning or design, public transportation service or a public transportation facility).
- Low Income (Proof of monthly or annual income is required. Low income, for this program, is defined as an individual whose family income is at or below 150% of the poverty line).
- VA Enrolled Veteran Status (Proof of enrollment in the U.S. Department of Veterans Affairs (VA) Health Care System such as a copy of your Veteran Health Identification Card or a letter from the Edward Hines Jr. VA Hospital verifying enrollment).

FUNDING ELIGIBILITY

Fund Source: **KVAH** Fare Structure: **FREE** Eligibility Expiration: _____
 Medicaid Eligible Medicaid Number: _____ 5310 Eligible JARC Eligible ARPA Eligible
(senior or disabled) (low income; work related)
* Trip Purpose: Medical Work Community Access Daycare School
 Dialysis General Training Adult Child
Sponsor Contact: **Jacob Zimmerman** Phone: **630-232-3550/3551**

RIDE REQUIREMENTS

Disability Category
 Visually Impaired Hearing Impaired Verbally Impaired Physically Disabled Mental Health
 Developmentally Disabled Other: _____ Provide Detail: _____

Mobility Aids
 Manual WC Electric WC Scooter Crutches Leg Brace Walker White Cane Hearing Aid
 Service Animal Prosthesis Other: _____

Bus/Taxi/TNC
 Bus only Bus/Taxi only Bus/Taxi/TNC Bus/TNC only
 Outbound Trip Return Trip Outbound Trip Return Trip Outbound Trip Return Trip Outbound Trip Return Trip

Pick-up at Home Instructions
Pick-up Location/Area Description: _____
 Call _____ minutes prior to pick-up Call upon arrival
Phone #: _____ Phone Owner: _____ Cell Phone
Closest Intersection: _____
Comments: _____

I, the undersigned, confirm that the above information is correct to the best of my knowledge and that I am eligible for the Ride in Kane services based on eligibility criteria above. I understand that proof of eligibility must be provided when requested in order to remain a participant in the Ride in Kane program. I understand that any false information listed is reason for termination of my participation in the Ride in Kane services.

Printed Name of Participant _____
Signature of Participant _____ Date _____

***PLEASE ENSURE YOU INCLUDE A COPY OF YOUR DRIVER'S LICENSE OR OTHER OFFICIAL PHOTO ID WITH A KANE COUNTY ADDRESS AS WELL AS A COPY OF YOUR VETERANS HEALTH ID CARD OR OTHER PROOF OF ENROLLMENT IN THE VA HEALTH CARE SYSTEM.**