A logo for a company

Description automatically generated  
**Transportation Client In-Take Form**1005 Campbell St. Valparaiso, IN 46385

New \_\_\_\_  
Update \_\_\_\_

|  |  |
| --- | --- |
| **Client Information** | |
| First Name: | Last Name: |
| Address: | City: St: ZIP: |
| Township: | Phone Number: |
| Email: | Type of Residences: House Apartment/#: \_\_\_\_\_\_ Mobile Home Assisted Living Duplex |
| Date of Birth: Age: | Individuals in Home: \_\_\_ Self \_\_\_ Spouse \_\_\_ Other |

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| **Purpose of Ride:** |
| \_\_\_ Medical \_\_\_ Pharmacy \_\_\_ Grocery Shopping \_\_\_ Senior Center \_\_\_ Banking \_\_\_ Other |

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| **Emergency Contact Information** | |
| First Name: | Last Name: |
| Address: | City: St: ZIP: |
| Phone Number: | Relationship: |

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| **Client Specific Questions** | YES | NO |
| Do you have a disability? |  |  |
| Do you require adaptive equipment? *(please specify)*  \_\_ Power Wheelchair\* \_\_ Manual Wheelchair\* \_\_ Scooter \_\_Crutches \_\_Cane \_\_ Oxygen Tank \_\_ Service Animal \_\_ Walker  \****All wheelchairs require seat belts to be transported.*** |  |  |
| Wheelchair Clients ONLY, what’s your approximate weight? |  | |
| Do you have any major health concerns? \_\_ Seizures \_\_ Diabetic \_\_ Heart \_\_ Other: |  |  |
| Have you had any recent hospital visits? |  |  |
| Are you allergic to animals? |  |  |
| Do you require a Personal Care Assistant? |  |  |
| Any other information that we would need to know?  Notes: | | |

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| **Cost:** | | | |
| Free | Cash/Check | Scholarship | Other: |

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| **Intake/Dispatcher Information** | |
| Form completed by: | Date: |