Kent County Community Action
121 Martin Luther King Jr St SE
Suite 110
Grand Rapids, MI 49507

kccainfo@kentcountymi.gov
616-632-7965

Way 2 Go! Transportation Program Registration

Rider Information		
Last Name:	First Name:	M.I.:
Street Address:	Apt. Number:	
City:	Zip:	Apt/Facility Name:
Main Phone: ( )	Alt Phone: ( )	
Email Address:	Checks email regularly? ☐ Yes ☐ No	
Preferred method of contact: ☐ Phone ☐ Text ☐ Email ☐ Postal Mail ☐ Other:		
Directions to home:		
Date of Birth:	Gender: ☐ Male ☐ Female ☐ Other: _____	Household Size:
Annual household income (before taxes):	Ethnicity: ☐ Hispanic ☐ Non-Hispanic	
Race (check all that apply): ☐ White/Caucasian ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native ☐ Other Multi-Racial		
Eligibility*: ☐ Resident of Kent County ☐ Permanent Disabling Condition ☐ Temporary Disabling Condition ☐ Over 65		
Other Considerations (check all that apply): ☐ Visual Impairment ☐ Physical Impairment ☐ Mental Impairment ☐ Cognitive Impairment	☐ Health Impairment: _____ ☐ Speech Impairment ☐ Hearing Impairment ☐ Behavioral Impairment ☐ Developmental Disability	

Safety Information	
Emergency Contact 1:	Emergency Contact 1 Phone: ( )
Emergency Contact 2:	Emergency Contact 2 Phone: ( )
Assistance Needed: ☐ Curb to Curb ☐ Door to Door ☐ Door Through Door ☐ Seasonal Other: _____	
Mobility Aids Used: ☐ Regular Wheelchair ☐ XL Wheelchair ☐ Lift Required ☐ Cane ☐ Foldable Walker ☐ Non-Foldable Walker ☐ Other: _____	
Other Considerations: ☐ Service Animal (describe): ☐ Personal Care Attendant ☐ Single passenger trips requested ☐ Mask use requested ☐ Other (describe): _____	

(OVER)

***Proof of age or disability is required with registration**

For office Use Only:
__ Specialized Services __ CDBG-CV
__ Copy of Photo ID with DOB
__ Copy of Birth Certificate
__ Written Statement From Physician
__ Proof of Income from SSI or SSDI

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I understand that the Way 2 Go! transportation Program is for adults over the age of 65 and/or individuals with disabilities. I agree to provide proof of age and/or disability to be considered for the program. I agree that my eligibility for the program does not guarantee participation in the program, and that transportation is not guaranteed when I request it. I certify that my answers are true and complete to the best of my knowledge.

Printed Name of Person Completing Form	Signature of Person Completing Form	Today's Date

Program Agreement and COVID-19 Precautions for CDBG-CV Eligible Participants

The design of this service prevents, prepares for, or is in response to COVID-19. This service is available to individuals who are at increased risk of severe illness from COVID-19, as identified by the CDC.

In order to participate in this program, I agree to the following:

- I agree to monitor myself for COVID-19 related symptoms prior to riding, to test if I have symptoms, and to cancel my reservation(s) if I test positive for COVID-19. If I need medical care or treatment related to an active or suspected COVID-19 infection, I will coordinate this with KCCA so extra precautions can be taken to mitigate the spread of COVID-19.
- I understand that masks are available from KCCA and that I am strongly encouraged to wear a mask while utilizing this service.
- I understand that this service is only for necessary medical, employment, or social service appointments and may only be used when no other transportation option is available to me. I agree to reimburse Kent County Community Action for the full cost of this service if it is later determined that alternate transportation service
- I understand that this service is only available to me as long as I continue to meet eligibility requirements. If my short term or temporarily disabling condition becomes resolved, I will no longer meet eligibility criteria.

Printed Name of Person Completing Form	Signature of Person Completing Form	Today's Date

Please return this completed form to:
kccainfo@kentcountymi.gov
or
Kent County Community Action
Transportation Services
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