



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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail <input type="checkbox"/> Other:		
Directions to home:		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	Household Size:
Annual household income (before taxes):		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race (check all that apply): <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other Multi-Racial		
Eligibility*: <input type="checkbox"/> Resident of Kent County <input type="checkbox"/> Disabling Condition <input type="checkbox"/> Over 65 *Proof of age or disability is required		
Other Considerations (check all that apply):		
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Health Impairment: _____
<input type="checkbox"/> Mental Impairment	<input type="checkbox"/> Cognitive Impairment	<input type="checkbox"/> Speech Impairment <input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Behavioral Impairment <input type="checkbox"/> Developmental Disability		
Safety Information		
Emergency Contact 1:		Emergency Contact 1 Phone: ()
Emergency Contact 2:		Emergency Contact 2 Phone: ()
Assistance Needed: <input type="checkbox"/> Curb to Curb <input type="checkbox"/> Door to Door <input type="checkbox"/> Door Through Door <input type="checkbox"/> Seasonal		
Other: _____		
Mobility Aids Used: <input type="checkbox"/> Regular Wheelchair <input type="checkbox"/> XL Wheelchair <input type="checkbox"/> Lift Required <input type="checkbox"/> Cane		
<input type="checkbox"/> Foldable Walker <input type="checkbox"/> Non-Foldable Walker <input type="checkbox"/> Other: _____		
Other Considerations: <input type="checkbox"/> Service Animal (describe):		
<input type="checkbox"/> Personal Care Attendant <input type="checkbox"/> Single passenger trips requested <input type="checkbox"/> Mask use requested		
<input type="checkbox"/> Other (describe): _____		

(OVER)

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

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

kccainfo@kentcountymi.gov

616-632-7965



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 was available.

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

121 Martin Luther King Jr. St. SE, Suite 110
Grand Rapids, MI 49507