



LAKWOOD RIDES
1580 Yarrow St.
Lakewood, CO 80214-6029
303.987.4826 - phone
303.987.4841 – fax
LakewoodRides@Lakewood.org

Please print your name in the space provided and initial each item, sign and date the bottom of this form.

I, _____, a resident receiving service through the Lakewood Rides program acknowledge and understand as outlined below:

_____ I understand that my registration information will be stored electronically with an online scheduling service for the purpose of coordinating routes and schedules used by _____ Lakewood Rides personnel.

_____ I understand that all my personal information will be kept confidential and that all electronic files are password protected.

_____ I understand that the hosting software company will have limited access to information stored by Lakewood Rides to service and maintain the software used by Lakewood Rides.

I, _____, a resident receiving service through the Lakewood Rides program give permission as outlined below:

_____ I understand that in the event of an emergency, unusual circumstance or other unusual event, Lakewood Rides' personnel may contact 911 and/or my designated emergency contact. If necessary, my registration information and related medical status at the time of the event will be given. The sharing of information with these contacts will allow for appropriate medical attention and assistance.

Participant Signature

Date

Guardian Signature

Date

If an individual receiving services from Lakewood Rides is unable to independently sign and acknowledge all items above, a signature from an authorized guardian is requested.

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RIDER INTAKE FORM – For emergency & demographic
purposes only / strictly confidential

DATE: _____ NEW RIDER? Y _____ N _____

THOSE ELIGIBLE FOR SERVICE MUST RESIDE WITHIN THE CITY OF LAKEWOOD, AND BE 60 YEARS OR OLDER OR A PERSON WITH DISABILITIES OF ANY AGE. IF YOU ARE UNDER 60 YEARS AND A PERSON WITH A DISABILITY, YOU NEED TO PROVIDE A PHYSICIAN'S STATEMENT TO VERIFY YOUR DISABILITY.

All residents must provide us with the following information:

NAME: _____

ADDRESS: _____

ZIP CODE: _____ HOME PHONE: _____ CELL PHONE: _____

HOUSING FACILITY NAME: _____

MONTH AND YEAR OF BIRTH: _____ / _____ SEX: M _____ F _____

ETHNIC:

AMERICAN INDIAN _____ ASIAN / PACIFIC _____ BLACK / AFRICAN-AMERICAN _____

HISPANIC _____ WHITE _____ OTHER _____ (please specify)

WHAT IS YOUR PRIMARY LANGUAGE? _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ PHONE: _____

PRIMARY CARE PHYSICIAN: _____ PHONE: _____

PLEASE LIST ANY ALLERGIES: **(Please note: Lakewood Rides occasionally transports persons that have service animals.)**

WE ASK THAT YOU PLEASE CARRY A LIST OF MEDICATIONS ON YOUR PERSON IN CASE OF EMERGENCY.

TO HELP US BETTER SERVE YOU, PLEASE ANSWER THE FOLLOWING QUESTIONS:

ARE YOU ABLE TO CLIMB THREE OR FOUR STEPS INTO A BUS? YES _____ NO _____

DO YOU USE MOBILITY AID(S)? I DO NOT USE A MOBILITY AID _____

CANE _____ WHITE CANE _____ CRUTCHES _____ SCOOTER _____

MOTORIZED WHEELCHAIR _____ MANUAL WHEELCHAIR _____ WALKER _____

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IF WHEELCHAIR (OR SCOOTER) OF ANY TYPE, PLEASE GIVE: WIDTH _____ LENGTH _____
(For width, measure rear wheels outside to outside. For length, measure furthest point from back to furthest point at front.)

Please be advised that if your home does not have a wheelchair ramp, our drivers cannot take chairs down steps. Only one step that is no bigger than a curb is permitted.

IF YOUR WHEELCHAIR IS A TRANSPORT (PORTABLE / COLLAPSIBLE) CHAIR, CAN YOU TRANSFER TO A SEAT?

YES _____ NO _____

DO YOU USE AN ASSISTIVE ANIMAL? YES _____ NO _____

DO YOU USE ASSISTIVE DEVICES? I DO NOT USE ASSISTIVE DEVICES _____

HEARING AIDS _____ OXYGEN _____ PACEMAKER _____ OTHER _____ (please specify)

IN THE EVENT OF AN EMERGENCY, DO YOU REQUIRE ANY ADDITIONAL ACCOMMODATIONS? _____

WILL YOU BE TRAVELLING WITH A PERSONAL CARE PROVIDER? Y _____ N _____

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? _____

IS YOUR INDIVIDUAL MONTHLY INCOME ABOVE OR BELOW \$1,011? ABOVE _____ BELOW _____

FOR COUPLES, IS YOUR MONTHLY INCOME ABOVE OR BELOW \$1,371? ABOVE _____ BELOW _____

TRIP PURPOSE:

MEDICAL _____ NUTRITION _____ EMPLOYMENT _____ GROCERY _____ OTHER _____ (please specify)

HOW DID YOU HEAR ABOUT LAKEWOOD RIDES? _____

Other formats of this document available upon request.

Revised 3/5/18