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

Purpose of Ride:
___ Medical ___ Pharmacy ___ Grocery Shopping ___ Senior Center ___ Banking ___ Other

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

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:		

Cost:			
Free	Cash/Check	Scholarship	Other:

Intake/Dispatcher Information	
Form completed by:	Date:

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