



All riders must first register to use Kendall Area Transit (KAT), which is a general public transit service that is especially important for seniors and individuals with disabilities. Please fill out this form and return it to KAT'S Office. ***Please PRINT clearly and check the appropriate boxes.*** One form must be filled out per rider. For a complete list of policies and procedures, please visit <http://vacdk.com/about-kat/>.

Rider's Contact Information

_____	_____	_____	_____
Last Name	First Name	M.I.	Date of Birth (MM/DD/YYYY)
_____	_____	_____	_____
Home Phone	Cell Phone	Work/Other Phone	
_____	_____	_____	
Address Number & Street Name	Apt #	City	Zip Code

Rider's Accessibility & Assistance Information

Do you have a disability? Yes No Do you need assistance boarding and exiting the vehicle? Yes No

If YES, do you use a mobility device? I have a: Visual Impairment
 Hearing Impairment

(Please check all that apply):

<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Motorized Scooter	<input type="checkbox"/> Cane	Do you have other health/mobility concerns driving staff should be made aware of (e.g. asthma, pregnancy, epilepsy, heart, etc.)? _____
<input type="checkbox"/> Walker	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Portable O2	
<input type="checkbox"/> Crutches	<input type="checkbox"/> Other: _____		

Rider's Demographics Information

Race (Please check one):

<input type="checkbox"/> White (Not Hispanic or Latino)	<input type="checkbox"/> Hispanic or Latino	Are you Low Income? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)	<input type="checkbox"/> Asian (Not Hispanic or Latino)	
<input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)	<input type="checkbox"/> Two or More Races	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	Number in Household: _____	

Gender: Male Female Other: _____

Rider's Medicaid Information (if applicable)

Do you have a MEDICAID card? Yes No

Name (Exactly as it appears on the card): _____

Medicaid Recipient Number from back of card (ID #): _____



Kendall Area Transit Registration Form
109 W Ridge St, Room 002, Yorkville, IL 60560
Phone: (877)446-4528 Fax: (630)882-6971
www.kendallareatransit.com



Rider's Emergency Contact Information

We *strongly recommend* filling out this section. In case of emergency, please notify:

Last Name

First Name

City & State of Residence

Main Phone

Secondary Phone

Relationship

Acknowledgement of Understanding

I certify that the information in this Registration Form is true and correct. I understand that knowingly falsifying information could result in denial of service. I give the Agency permission to contact me about my paratransit service experience and to verify my enrollment with VAC's Dial-A-Ride transit programs. I understand that my registration information will be kept confidential; only information required to provide service or verify service quality will be disclosed under any circumstances.

Signature of Rider

Date

If this form was prepared by someone else:

Signature of Preparer

Date

Printed Name

Affiliation to the Rider

VAC Staff Use Only

Received By: _____

Date: _____

Entered By: _____

Date: _____

Contacted By: _____

Date: _____