



## Dial-A-Ride Transit Registration Form

1606 Bethany Rd, Sycamore, IL 60178  
Phone: (815) 758-6641 Fax: (815) 758-0202  
[www.vacdk.org](http://www.vacdk.org) / [dispatch@vacdk.org](mailto:dispatch@vacdk.org)

**All** riders must first register to use VAC's dial-a-ride transit programs, which are general public transit services that are especially important for seniors and individuals with disabilities. Please fill out this form and return it to VAC's Sycamore Transportation 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-dialaride/>.

### 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 NIU Contact Information (if applicable)

I am an:  NIU Student  NIU Faculty  NIU Staff \_\_\_\_\_  
Residence Hall (if applicable)

_____	_____	_____	_____
Local 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  
(Please check all that apply):       Hearing Impairment  
 Wheelchair    Motorized Scooter    Cane      Do you have other health/mobility concerns driving staff should  
 Walker       Service Animal       Portable O<sub>2</sub>      be made aware of (e.g. asthma, pregnancy, epilepsy, heart, etc.)?  
 Crutches       Other: \_\_\_\_\_      \_\_\_\_\_

### Rider's Demographics Information

Race (Please check one):  
 White (Not Hispanic or Latino)       Hispanic or Latino      Are you Low Income?  Yes  
 Black or African American (Not Hispanic or Latino)       Asian (Not Hispanic or Latino)       No  
 American Indian or Alaska Native (Not Hispanic or Latino)       Two or More Races  
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)      Number in Household: \_\_\_\_\_  
Gender:  Male  Female  Other: \_\_\_\_\_



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**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 #): \_\_\_\_\_

**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: \_\_\_\_\_