



Dial-A-Ride Transit Registration Form

1606 Bethany Rd, Sycamore, IL 60178
Phone: (815) 758-3932 Fax: (815) 758-0202
www.vacdk.org / 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	Email Address	
_____	_____	_____	
Address Number & Street Name	Apt #	City	Zip Code

Rider's NIU Contact Information (if applicable)

I am an: <input type="checkbox"/> NIU Student <input type="checkbox"/> NIU Faculty <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need assistance boarding and exiting the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, do you use a mobility device? (Please check all that apply):	I have a: <input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Wheelchair <input type="checkbox"/> Motorized Scooter <input type="checkbox"/> Cane	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Walker <input type="checkbox"/> Service Animal <input type="checkbox"/> Portable O ²	Do you have other health/mobility concerns driving staff should be made aware of (e.g. asthma, pregnancy, epilepsy, heart, etc.)?
<input type="checkbox"/> Crutches <input type="checkbox"/> Other: _____	_____

Rider's Demographics Information

Race (Please check one):		Are you Low Income? <input type="checkbox"/> Yes
<input type="checkbox"/> White (Not Hispanic or Latino)	<input type="checkbox"/> Hispanic or Latino	<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	Are you a veteran <input type="checkbox"/> Yes
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)		of the US military? <input type="checkbox"/> No
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	Number in Household: _____	



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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 #): _____

Please visit <http://vacdk.com/about-dialaride/> or call (815) 758-3932 for additional Medicaid instructions.

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: _____