



**Kendall Area Transit Registration Form**  
109 W Ridge St, Room 002, Yorkville, IL 60560  
Phone: (877) 446-4528 Fax: (815) 981-4187  
[www.kendallareatransit.com](http://www.kendallareatransit.com)



**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
_____	_____	_____	_____
Email Address _____			
Would you like to receive Schedule Updates through text if available? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**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? (Please check all that apply):

Wheelchair    Motorized Scooter    Cane    Walker    Service Animal    Portable O<sup>2</sup>

Crutches    Other: \_\_\_\_\_

I have a:       Visual Impairment       Hearing Impairment

Do you have other health/mobility concerns driving staff should be made aware of (e.g., asthma, pregnancy, epilepsy, heart, etc.)? \_\_\_\_\_

**Rider's Demographics Information**

Race (Please check one):

White (Not Hispanic or Latino)    Hispanic or Latino       Asian (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)       American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races       Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Are you Low Income?  Yes  No      Gender:  Male  Female  Other: \_\_\_\_\_

Are you or your spouse a veteran of the US military?  Yes  No

May we share your information with Kendall County Veterans Assistance Commission?  Yes  No



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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
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\_\_\_\_\_

Main Phone	Secondary Phone	Relationship
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**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: \_\_\_\_\_