



Passenger Registration Information

Today's Date: _____

(ALL information is confidential) (* Required field)

Name* _____ Gender* _____

Physical Address* _____ Date of Birth* _____ Age _____

City/State/Zip* _____ Phone Number* _____

Mailing Address* _____ City/State/Zip* _____

Marital Status _____ Number in Household _____ Ethnicity? _____

How do we find your house starting from a main road or highway?* _____

We need to send the correct vehicle to help you, so do you have any mobility impairments that we need to consider: (circle) wheelchair, walker, visual impairments, cane, stretcher.

Are there any special circumstances that we need to know in order to give you the best ride?

In order to determine what sort of subsidy we might be able to use to fund your ride, please tell us what services you currently receive:

_____ Medicaid

_____ Do you have children participating in the Denali Kid Care Program? ____ Yes ____ No

_____ Medicaid Waiver for services—10 digit beneficiary number _____

_____ SSI benefits _____ Veteran benefits _____ Payee _____ Custodian

Who would we contact in case of emergency? Please list 2 contacts and their relationship to you.

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Do you have a case manager, independent living counselor or caseworker? ____ Yes ____ No

If so, list below: Case Manager/Independent Living Counselor/Case Worker

Name: _____ Phone: _____

Alternate Drop off for Children: _____