



Rider Application
Senior Millage Transportation Voucher Program

Rider Information:

Name: _____ Date of Birth: _____

Address: _____
Street City State/Zip

In which municipality, (city, village or township), do you live? _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Gender: Male:____ Female: ____

What is your primary race? _____

- This question is optional and you may choose not to answer it.

Are you a veteran? Yes ____ No ____

Do you live alone? Yes ____ No ____

Do you currently have a guardian? Yes ____ No ____

Name of Guardian: _____ Phone: _____

Guardian’s Address:

_____ Street City State/Zip

What is your disability?

_____ Cognitive Impairment _____ Mental/Emotional _____ Visual Impairment
_____ Hearing Impairment _____ Physical/Mobility _____ *Other

*If other, Please Specify: _____

What is your current employment status? (Circle one)

Employed (part time/full time) School/Training Program
Volunteer Work Unemployed Seeking Employment/Training Retired

Do you currently have someone who is interested in applying to be your driver?

Yes _____ No _____ If yes, who? _____

Do you need any accommodations as a rider (ramp, wheel chair lift, personal assistance, etc.)? Yes _____ No _____

If yes, what accommodations do you require? _____

What is your household annual income? \$ _____

- Please note, your income will in no way affect your eligibility for the Senior Transportation Voucher Program.

Do you currently receive Medicaid? Yes _____ No _____

Do you currently receive any financial assistance regarding transportation?

Yes _____ No _____ If yes, from whom? _____

What agencies, if any, do you currently receive services from? (Please circle all that apply)

HealthWest American Red Cross DHHS (FIA) Michigan Rehabilitation Services
Catholic Social Services Senior Resources Love INC *Other

***If other, please specify:** _____

- I understand that my signature below indicates that I have read the procedures of the Senior Millage Voucher Program and have every intention of following them to the best of my ability.
- I agree to have an honest relationship with the organization about my transportation needs.
- I understand that Disability Network West Michigan has no responsibility to provide me with transportation outside of the Senior Millage Transportation Voucher Program and that this assistance may be terminated at any time.
- I understand that Disability Network West Michigan assumes no responsibility for injury to participating riders or their chosen drivers or loss of or damage to property.
- I certify that I will not sign any vouchers until the trip has been completed.
- I certify that my driver is not employed by another agency to assist me during trips paid for by the Senior Millage Transportation Voucher Program.
- I understand that it is my responsibility to keep track of the miles allocated to me.
- I understand that trips which exceed my allotted miles will not be reimbursed.
- I further understand that causing my driver to transport me without obtaining the necessary miles beforehand may result in termination from the Senior Millage Transportation Voucher Program.
- I understand that vouchers may be checked for mileage reporting accuracy.

If you are unsure of the number of miles you have remaining, please call Lisa Sullivan at (231)332-4033

The Senior Millage Transportation Voucher Program is supported with the help of funds from the Muskegon County Senior Millage. For more information, please visit the Senior Resource website at www.seniorresourceswmi.org

Signature

Date

Guardian’s Signature (If applicable)

Date