

RIDER'S INFORMATION

Name: _____ Birth Date: _____
Last First

Address: _____ Apt/Unit # _____
Street Address

_____ City State Zip Code

Email: _____ Phone: _____

Do you have a state issued identification card (from DMV) or government issued identification card (passport, military)? Yes No

Do you have a legal guardian? Yes No *If yes, please fill out the information below

Legal Guardian's Name: _____ Phone Number: _____

Relationship to Rider: _____ Email: _____

PROGRAM ENROLLMENT: Please choose which program(s) you wish to enroll in

- Diamond: Scheduled Ride Service On-Demand Reimbursement Subsidy

ADDITIONAL ON-DEMAND SECTION (skip section if not using Uber/Lyft):

Do you need assistance (check all that apply): **Who will reimbursement go to?**

setting up the Uber/Lyft app _____
 setting up the business profile Name _____
 ordering rides _____

What email address will you use for Uber/Lyft? _____ Street Address _____

Will you use Uber/Lyft in the next 30 days Yes No City, State, and Zip code _____

POINT OF CONTACT

If rider is same as point of contact check this box and skip section.

Name: _____ Phone Number: _____

Relationship to Rider: _____ Email: _____

SERVICESTRANSOURCE TRANSPORTATION PROGRAM AGREEMENT

I, _____, wish to participate in the transportation program(s) as indicated
Print Name (First and Last)

above. I acknowledge that I received, read, and understand the applicable program parameters and agree to uphold the parameters set forth. This agreement is valid for one year (365 days) from the date signed below. Program parameters are subject to change at any time without notice.

Rider's Name (Printed)

Rider's Signature Date

Legal Guardian's Name (Printed) (If Applicable)

Legal Guardian's Signature (If Applicable) Date

Referring Agency (Name), Staff Name and Email

Referring Staff's Signature and Phone Number Date