



## myRide Application Form

### Client Information

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

P.O. Box \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

P. O. Box \_\_\_\_\_ Town \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to client \_\_\_\_\_

Does this person have a key to the client's home or apartment? Yes \_\_\_\_ No \_\_\_\_

### Client Aids

Please circle any aids currently used:

Cane                      Glasses / Contacts                      Hearing Aid                      Oxygen

Pacemaker                      Walker                      Wheelchair                      Scooter

Other: \_\_\_\_\_

Does the client require an escort to provide assistance during the trip? Yes  No

Does the client have a memory or cognitive impairment? Yes  No



If yes, to what degree? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can the client be left alone? Yes  No

**Living Situation**

Does the client: Live alone  Live with spouse  Live with family

Does the client reside in: A private residence  An apartment

Are there any specific instructions with which the volunteer driver should be aware?

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the client use a personal support worker or home support services? Yes  No

**Transportation Services**

Reason for transportation service: \_\_\_\_\_

\_\_\_\_\_

Duration of Service Permanent  Temporary

Preferred Language of Service English  French  Other

\_\_\_\_\_

\_\_\_\_\_



**Medical Information**

Are there any medical problems that are **volunteers need to aware of:**

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**Service Type / Commencement of Service**

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Client's or caregiver's Signature: \_\_\_\_\_

\_\_\_\_\_  
(Date)

**FOR OFFICE USE ONLY**

Request Approved      Yes       No

If no, please explain: \_\_\_\_\_

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Eligible for illness ride: Yes       No

If no, please explain: \_\_\_\_\_

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Community Programs Coordinator

Date