

YWCA IS ON A MISSION

eliminating racism
empowering women
ywca

JobRide Client Intake Information Specialized Transportation

YWCA USE ONLY:

Date received: _____

Today's Date: _____

Client Name (First, Last) _____

Client Date of Birth _____ (used for funding purposes only)

Home Address _____ City _____ Zip _____

Client Primary Phone _____ Secondary Phone _____

Client Income _____ / per year

Client Gender (circle one) Male Female Other _____

Race/Ethnicity (circle all that apply) African American/African Asian/Pacific Islander Southeast Asian

Latino/Hispanic White/Caucasian Another Race _____

Parent/Guardian Name (if applicable) _____

Parent/Guardian Phone Number (if applicable) _____

Parent/Guardian Email (if applicable) _____

Case Manager Name (First, Last) _____

Case Manager Organization Name _____

Address _____

Phone Number _____

Case Manager Email _____

Vocational Contact _____ Phone _____ Email _____

Who pays for the client's rides?

Payee Agency (if known) _____

Specialized Transportation Passenger Information

Do you require an accessible vehicle to accommodate a mobility device such as a wheelchair?

___Yes ___No

Please check the level of service you require for your rides:

- Curb-to-curb:** Driver picks up passenger at curb where ride originates and drops off at curb of destination.
- Leave attended:** Driver ensures that the passenger is met by a responsible party at the destination.
- Personal attendant:** A family member or hired staff rides along to assist the individual they support.
- Direct Route:** No stops
- Solo Ride:** No other passengers
- Other Individualized supports required** (Examples: Same drivers for all trips, turn radio down, no access to food, no pets on board/allergies, etc.)

Are there physical or behavioral issues that our drivers should be aware of?

Trip Details

Preferred start date: _____

Is this transportation one-way or round-trip? (circle one) one-way round-trip

Day of the week: (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

Pick-Up Time: _____ AM / PM

Pick-Up (Origin) Address _____

Drop Off Time: _____ AM / PM

Drop off (Destination) Address: _____

Day of the week: (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

Pick-Up Time: _____ AM / PM

Pick-Up (Origin) Address _____

Drop Off Time: _____ AM / PM

Drop off (Destination) Address: _____

Day of the week: (circle all that apply) Mon Tues Wed Thurs Fri Sat Sun

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