



READY RIDES

Passenger Registration

Mail completed form to: *Ready Rides* PO Box 272, Northwood, NH 03261 or info@readyrides.org

PASSENGER'S NAME _____ DATE OF BIRTH _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

In order to help you with some of your transportation needs, please provide the information asked for in the following questions. Any information you share with us is strictly confidential. We want to make sure that Ready Rides is the right solution for you. Ready Rides' trained volunteer drivers provide rides in their own legally inspected, registered, and insured vehicles.

Ready Rides is available to adult residents of Barrington, Durham, Lee, Madbury, Newfields, Newmarket, Northwood, Nottingham, and Strafford who are age 55 or better or who have a short or long-term disability that prevents them from driving.

It is important to realize that while we will make every effort to arrange rides for you, as a volunteer agency we cannot guarantee it. Please call **at least one week** before your appointment to request a ride. This will get your request on the ride schedule so that we can try to find an available volunteer; it is not confirmation of a ride. If Ready Rides is very busy **we may need more notice**. You will hear from us no later than 48 hours before your appointment to confirm your ride or to let you know that we need to reschedule.

You will be contacted to confirm that you are registered with Ready Rides and can begin requesting rides.

Your signature is required below to acknowledge that:

You have received and read Ready Rides' Service Description explaining the passenger policies and procedures.

You understand and expressly assume all risks inherent in motor vehicle transportation.

SIGNATURE _____ DATE _____

1. How did you learn about Ready Rides?

- I was referred by: Name _____ Phone Number _____
(Those under 55 must provide a name and phone number for a referral so Ready Rides can verify that the need for transportation is based on a disability or chronic medical condition. Doctors, counselors, visiting nurses or social workers are examples of referrals.)
- I saw a brochure.
- Other _____

2. Why do you require transportation assistance?

- I no longer drive/I never drove (**applies only to passengers aged 55 and over**)
- I have a disability that prevents me from driving
- Other: _____
(i.e. recent surgery, medical condition, medication)

3. Are you able to get from your home to the driveway or curb with little or no assistance? YES NO

Are you able to get in and out of a car with little or no assistance? • YES • NO

4. Are you able to get into a truck, van or SUV with little or no assistance? (You need to step *up* into these vehicles.) • YES • NO

5. Do you have any equipment that you will bring with you, for example a walker or oxygen?

• YES • NO If YES, what kind of equipment? _____

6. Do you have a Seeing Eye or service dog that will accompany you? • YES • NO

7. On most occasions, will you be the only passenger? • YES • NO

8. If NO, will the other passenger be a child? • YES • NO

- **If the other passenger is an adult, please complete a separate registration form.**

9. Ready Rides often works with other agencies such as, but not limited to, Lamprey Health Care, the American Cancer Society, the Disabled American Veterans and Medicaid to fill transportation requests. If appropriate, may we share your contact information with other agencies? A “no” response will not prevent eligible passengers from using Ready Rides’ services.

• YES • NO

10. Are you a Medicaid recipient? • YES • NO

11. If you have Medicaid as your primary please call the number on your Medicaid card first for transportation assistance!

12. Are you a veteran? (This question is asked for demographic purposes only)

• YES • NO (if yes and 30% disabled Veteran please call VTS at 621-4366 x2883)

13. Emergency contact information:

NAME: _____

RELATIONSHIP: _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

14. Please provide the name, address, and phone number for some of your expected destinations (you will **not** be limited to visiting only these listed destinations) :

15. Please let us know if there is additional information we need to help you with your ride needs.