

# THE FLEET



## COMMUNITY FIRST SOLUTIONS

### NAPIS intake/Registration Form

Today's Date: \_\_\_\_\_  
Month/Day/Year

Send completed form to [TransportationRequest@community-first.org](mailto:TransportationRequest@community-first.org)

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male / Female

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_

#### Participant Telephone

(H) \_\_\_\_\_ (C) \_\_\_\_\_

Would you like to receive appointment reminders via: Phone Call? \_\_\_\_\_ Text Message? \_\_\_\_\_

#### Emergency Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ #: \_\_\_\_\_

<u>Race</u>		<u>Ethnicity</u>
White	Native American/Alaskan Native	Not Hispanic or Latino
African American	Hispanic	Hispanic or Latino
Pacific Islander	Asian	

<u>Living Arrangement</u>	<u>Household Size and Income Level</u>
Alone	One person- Income (circle) <b>Above, At or Below</b> \$11,670
With Spouse/Partner	Two person- Income (circle) <b>Above, At, or Below</b> \$15,730
With Child/Children	Three person- Income (circle) <b>Above, At, or Below</b> \$19,790
With Other Family	Four or more- Income (circle) <b>Above, At, or Below</b> \$23,850
	Refuse to answer

<u>Relationship Status: (please circle)</u>				
Married	Single	Divorced	Widowed	Legally Separated

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**Are you disabled?**

Yes

No

\*Disability: a mental or physical impairment that results in substantial function limitation in one or more of the following areas: Self-care, receptive/expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive function, or emotional adjustment.

**Do you use any mobility devices?**

Yes

No

If yes, which do you use? Walker Wheelchair Electric Scooter Cane

If yes to any, do you have ramp access at home?

Yes

No

**Are there any unrestrained animals on the property?**

Yes

No

If yes, please explain: \_\_\_\_\_

**Photography Release:** I grant permission to Community First Fleet to obtain my photograph for informational purposes only. This photograph will be entered in the Easy Rides Dispatching Software for reference only. This photo will never be shared to the public or released via media for promotional needs or propaganda.

X \_\_\_\_\_ X \_\_\_\_\_  
Participant Participant Caregiver (if applicable)

**Participants Signature of Acknowledgement:**

*-I have read the information on Page 1 including the Disclosure Statement.*

*-I have filled out this form to the very best of my abilities and knowledge.*

*-I have discussed my ridership rules and responsibilities with a Fleet staff member.*

X \_\_\_\_\_ X \_\_\_\_\_  
Participant Participant Caregiver (if applicable)

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