



Grundy Transit System Client Information

Date ____/____/____

Name (Last) _____ (First) _____

Address _____ Apt. # _____

City _____ State ____ Zip _____ County _____

Phone/Home (____) ____-____ Cell (____) ____-____

Birth Date ____/____/____

Do you need assistance getting on/off the bus? Yes _____ No _____

Do you require door to door service? Yes _____ No _____

Do you use a mobility aid such as a wheelchair, cane, walker, motorized scooter, or portable CO2?

Please describe: _____

Do you have a Personal Care Assistant? Yes _____ No _____

Household Composition:

Lives Alone _____ With Children _____ With Non-Relatives _____

With Spouse _____ With Relatives _____ Nursing Home _____ Assisted Living _____

Do you have any conditions that the driver should be aware of? If yes, please list below.

In case of emergency, please notify:

Name: _____ Phone #: _____

Notes: _____