



Transportation Reaching People (TRP) Rider Enrollment Form

Email

TRPclackamas@clackamas.us

Phone

503-655-8208

Mailing Address

PO Box 2950
Oregon City, OR 97045

Rider Information

First Name: _____

DOB: _____

Last Name: _____

Email: _____

Address: _____

Phone: _____

City: _____

I consent to receive text messages.

Zip Code: _____

Name of Apartment: _____

Mailing Address (if different): _____

Demographic Information

Gender:

Male Female Prefer not to answer

Preferred language: _____

Are you a veteran?

Yes No

Spouse or widow(er) of a veteran?

Yes No

Race (mark all that apply):

White/Caucasian

American Indian

Alaska Native

Asian

Hispanic

Black/African American

Native Hawaiian

Pacific Islander

Multi-Race

Unknown

Prefer not to answer

Emergency Contact Information

Emergency Contact Name: _____

Phone: _____

Relationship: _____

City: _____

Access and Health Information

Mobility equipment used when traveling (check all that apply):

- Cane Walker Crutches
 Scooter Wheelchair, manual Wheelchair, electric

If using a wheelchair or scooter:

Combined weight of rider and equipment: _____ lbs. Width of equipment: _____ in.

List any health conditions we need to be aware of to successfully transport: _____

Do you travel with an escort/attendant?

- Yes No

Name of escort/attendant: _____ Phone: _____

Do you receive Medicaid benefits?

- Yes No Unknown

ADA Eligibility Section

Do you have a disability?

- Yes No

Do you have a cognitive or physical disability that, some or all of the time, prevents you from getting on, riding or getting off a public bus (TriMet, SMART, etc.) by yourself, without the help of another person?

- Yes No

Do you have a cognitive or physical disability that prevents you from traveling to or from a public bus stop?

- Yes No

If the answer is "yes" to any question above, the rider is considered to be ADA eligible for purposes of Clackamas County Transportation Consortium reporting.

Signature of Rider _____ Date _____

or signature of Documenting Staff _____ Date _____

For Office Use Only

Date: _____ Oregon Access: _____
Staff initials: _____ Computer: _____
Prime #: _____ Policies: _____
SPD-T19: Yes No