



# Transportation Reaching People (TRP) Rider Enrollment Form

## Email

[TRPclackamas@clackamas.us](mailto: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