



MyRide West TN – Madison County Rider Application/Assessment Form

Referred by:	_____
Organization:	_____
Contact Phone:	_____

RIDER INFORMATION

Date: _____

Name: _____

Address: _____ Zip: _____

Phone(s): _____

Email: _____ Date of Birth: _____

Marital Status: _____ Live Alone: _____

Sex: _____ Ethnicity: _____ Primary Language: _____

I have lived in _____ County for _____ years.

Emergency Contact: _____

Relationship to Rider: _____ Contact Number(s): _____

CONTACT PERSON IF NOT THE RIDER:

Contact Name: _____

Relationship to Rider: _____ Email: _____

Phone(s): _____

DO YOU REQUIRE ASSISTANCE TO TRAVEL SAFELY? No YesIf Yes, please explain what kind of assistance you require (*i.e. type of vehicle, assistance inside doctor office, assistance with groceries, etc*): _____

WHERE DO YOU NEED TRANSPORTATION TO? CHECK ALL THAT APPLYShop Doctor Social Pharmacy Appointment Other

If Other List Here: _____

How do you get there now? _____

BACKGROUND INFORMATIONAre you receiving TennCARE? No Yes If yes, Type: _____Are you a Veteran? No Yes When did you serve? _____

How did you hear about MyRide West TN? _____



RIDER'S GENERAL HEALTH INFORMATION

PLEASE CHECK ALL THAT APPLY:	YES	NO
Deaf/Hard of Hearing		
Speech Impairment		
Low Vision		
Memory Difficulty/Dementia		
Mental Health Diagnosis ~ _____		
Oxygen Use ~ Tank Type/size: _____		
Difficulty Climbing Stairs/Lifting Arms & Legs		
Walker/Cane~ Type/size: _____		
Can Orally Respond to Questions		
Can Read Printed Materials		
Do you handle your own finances?		
If no, please list who we need to contact about finances & number		
Allergies/ Other Major Health Concerns:		
Are You a Smoker/Is there a Smoker in your home?		
Are there any Animals in your home?		
If yes, please list a description of the animals (species/size):		
Do any Service Animals travel with you?		
If yes: Animals Type & Name: _____		

Is there anything else you would like us to know about you in order to serve you better?

By my signature, I affirm that the information provided herein is true and correct to the best of my knowledge. I hereby give permission for MyRide West TN to obtain or release relevant information in order to provide the assistance I have requested.

Rider/Conservator/Family Member Signature _____
Date

Office Notes: _____

Return this completed application to: **Questions? Please call: (731) 668-6420**
MyRide West TN
102 E. College Street
Jackson, TN 38301 ksc 03.23.2021