



**MyRide West Tennessee
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: _____ Preferred Pronoun: _____

I have lived in _____ County for _____ years. Language _____

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 Yes

If 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 APPLY

Shop Doctor Social Pharmacy Appointment Other

If Other List Here: _____

How do you get there now? _____

BACKGROUND INFORMATION

Are 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