Save Point Transportation Inc
Patron Application

Part 1: Demographic Information

Printed Name: (First MI Last)	
Home Address:	
City, State, Zip Code:	
Mailing Address (if different):	
Mailing Address City, State, Zip Code:	
Home Phone Number:	
Cell Phone Number:	
Date of Birth:	
Gender Identity (optional):	
Primary Language:	
Email Address:	

Part 2: Emergency Contact

Printed Name: (First MI Last)				
Relationship:				
Home Address:				
City, State, Zip Code:				
Mailing Address (if different):				
Mailing Address City, State, Zip Code:				
Home Phone Number:				
Cell Phone Number:				
Send future information to Emergency Contact:		Yes		No

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Part 3: Primary Contact

Is the primary contact		The Patron		The Emergency Contact	
If not the Patron or Emergency Contact, complete the section below:					
Printed Name: (First MI Last)					
Relationship:					
Home Address:					
City, State, Zip Code:					
Mailing Address (if different):					
Mailing Address City, State, Zip Code:					
Home Phone Number:					
Cell Phone Number:					
Primary Language:					
Email Address:					
Send future information to Primary Contact:		Yes		No	

Part 4: Assistive Devices

Please check all that apply:

	None		Walker/Rollator		Prosthesis
	Cane		Portable Oxygen		Service Animal
	White Cane		Manual Wheelchair		Scooter
	Crutches		Other:		
	Motorized Wheelchair		Wheelchair Make		
	Wide wheelchair (> 30 in wide)		Wheelchair Model		

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Part 5: Living Arrangement (Optional)

Please check one:

	Private Home		Rehab Facility
	Private Apartment		Group Home
	Senior Apartment		Assisted Living
	Homeless		Skilled Nursing Facility
	Other		

Part 6: Long Term Health Care Program (Optional)

Please check one:

	Not currently enrolled in a long-term care program				
	Family Care		Community Care		IRIS
	PACE		iLife		iCare
	Other				

Long Term Care Case Manager

Name:	
Phone Number:	
Email:	

Part 7: Disability Information

What is the nature of the disability? Please check all that apply:

	None		Developmental		Visual
	Hearing		Cognitive		Behavioral
	Chronic Illness		Neurological		Physical
	Other (please explain)				

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Part 8: Insurance (Optional)

May we bill your insurance provider?			Yes		No
	Medicare				
	Medicaid				
	Secondary Insurance Provider				
	Employer Insurance				
	Private Insurance Provider				
	Other				

Part 9: Frequent Additional Riders (Optional)

Printed Name #1: (First MI Last)	
Relationship:	
Printed Name #2: (First MI Last)	
Relationship:	
Printed Name #3: (First MI Last)	
Relationship:	
Printed Name #4: (First MI Last)	
Relationship:	
Printed Name #5: (First MI Last)	
Relationship:	

Part 10: Frequent Destinations (Optional)

Location Name Examples: Walmart, Grandma's House, Dr. Jones, CVS	
Location Name #1	
Location Address:	
City, State, Zip Code:	
Location Name #2	
Location Address:	
City, State, Zip Code:	
Location Name #3	
Location Address:	
City, State, Zip Code:	
Location Name #4	
Location Address:	
City, State, Zip Code:	
Location Name #5	
Location Address:	
City, State, Zip Code:	
Location Name #6	
Location Address:	
City, State, Zip Code:	
Location Name #7	
Location Address:	
City, State, Zip Code:	

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Part 11: Medical (Optional)

The ADA prohibits asking questions related to Patron disabilities.

In the interest of being able create a better Patron relationship, would you be willing to provide information about your communication needs or general health that could be of value in better serving your needs?		Yes		No
If yes, please describe in the section below.				

Save Point Transportation Inc. use only			
ID #		Date Received	
Home Visit Notes: Denial Notes:			

Communication method for reservations		text		email		voice	
Do we have permission to send text messages?		Yes		No			
	WAV service		Ambulatory service				
	Approval		Denial		Date		