RIDER APPLICATION

DRIVE HAPPINESS
SENIORS ASSISTED TRANSPORTATION

9916-45 Ave. NW
Edmonton AB, T6E5J1
Tel: 780-424-5438
Email: info@drivehappiness.ca

FOR OFFICE USE ONLY

Rec'd ____Date_____ /_Initial_ Appr/Decl In RS Y/N Active Y/N

Called ____Date_____ /_Initial_ Protocol ____Date_____ /_Initial_ MAILED E-MAIL

Pymt Rec'd ____Date____ Ann Fee $_____ Tix? _# purchased_

CC | ET | CHQ Rec# _____ Wlcm Ltr _____Date mailed_ /_Initial_

PERSONAL INFORMATION

First Name:	Last Name:
Address: (suite number) (street) (city/town) (postal code)	
Mailing address (if different from above)	Complex name and buzzer number
Phone:	Cell:
Email address:	Spouse Name **(A separate application is needed)**:
Date of birth: _____ / _____ / _____ MM DD YR	English Proficiency: Fluent Functional

★ INCOME: Annual Gross Income (Line 15000 of Tax Return): _____

Annual Fees are based on Annual Income. Without this information, we cannot approve your application

HOUSEHOLD INFORMATION	TRANSPORTATION INFORMATION
I live alone? ▢ Yes ▢ No (If no, please indicate who lives with you)	DATS membership (Edmonton only): ▢ Yes ▢ No Disability Placard: ▢ Yes ▢ No Still driving?: ▢ Yes ▢ No ▢ Seasonally

MOBILITY INFORMATION	
Do you use any mobility aids (i.e. cane or walker)?:	
Please list names of your attendants or persons accompanying you:	Can you get in and out of a vehicle with minimal assistance? ▢ Yes ▢ No

EMERGENCY CONTACTS		
Name:	Phone:	Relationship:
Email address:		
Name:	Phone:	Relationship:
Email address:		

HEALTH INFORMATION/BARRIERS						
Please mark all conditions that affect your mobility, health, and safety with an **X**						
MOTOR FUNCTIONS		▢ Stroke	▢ Arthritis	▢ Knee/hip replacement	▢ General weakness	▢ ASL/Lou Gehrig's
▢ Yes	▢ No	▢ MS	▢ Spinal cord injury	▢ Brain injury	▢ Broken bones	▢ Other:

COGNITIVE FUNCTIONS		▢ Alzheimer's	▢ Parkinson's	▢ Vascular dementia	▢ Fronto-temporal dementia	▢ Lewy body dementia
▢ Yes	▢ No	▢ Huntington's	Other:			

MAJOR HEALTH		▢ Cancer	▢ Other	**MENTAL HEALTH**		▢ Depression	▢ Other
▢ Yes	▢ No	▢ Dialysis		▢ Yes	▢ No	▢ Anxiety	

Do you receive homecare services?	▢ Yes ▢ No	▢ Vision barrier ▢ Legally blind	▢ Hearing barrier
Is there anything else we should know?			

How did you hear about us?

Family/friends ▢	Health Providers ▢	211/311/Sage Directory ▢	Media ▢
Outreach worker ▢	Other ▢		

The signature below indicates that you agree that the information you provided is true: that you allow your information to be shared between Drive Happiness partners and your emergency contact; that Drive Happiness has your permission to contact your emergency contact; that you consent to receiving communications related to Drive Happiness partners; and that you will not take legal action against Drive Happiness or their volunteers. Upon acceptance into the rider program, you will automatically become a member of Drive Happiness Seniors Association with all the rights and privileges of membership; including attending and voting at our Annual General Meeting.

Name (please print):_____

Signature:_____Date:_____