



367 Prince Avenue Suite M
Athens, GA 30601
Tel: (706) 765-8332
E-mail: wheelsofhopeathens@gmail.com
www.wheelsofhopeinternational.org

Application for Transportation Service

(Please complete one form per rider)

Name: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Person completing this form is: Rider Family Member Other

Type of Membership: Individual Family (2 or more in Household)

Rider #1's Name: _____

Rider #2's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Bill To: (If different than Member)

Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____



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First Emergency Contact:

Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Second Emergency Contact:

Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

What form of communication do you prefer?

Phone

E-mail



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How did you hear about Wheels of Hope?

- | | | | |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Friend | <input type="checkbox"/> Speaker | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Television | <input type="checkbox"/> Flier | <input type="checkbox"/> 211 |
| <input type="checkbox"/> Agency on Aging | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Internet | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Others (Specify): _____ | | | |

Referral: *If referred, name of person who made referral:*

Name: _____

Relationship: _____

Phone: _____ E-mail: _____

Would you like us to send information about Wheels of Hope to a relative, friend, or business?

Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____



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Wheels of Hope respects your privacy and will keep all customer information confidential. The following information allows us to provide better service to our customers, and helps us better understand the circumstances that customers face when they apply to use Wheels of Hope for rides.

Customer Information:

Dwelling Arrangements: (select one)

Private Home Assisted Living Facility

Independent living in a retirement community

Other (Specify): _____

Do you live alone? Yes No

Ethnic Background: (select one)

African American Asian Caucasian

Hawaiian/Pacific Islander Hispanic/Latino Native American/
Alaska Native

Other (Specify): _____

Languages spoken: (check all that apply)

English Spanish French

Other (Specify): _____



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Are you a member of any of the following organizations?

- | | | | |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> AAA | <input type="checkbox"/> AARP | <input type="checkbox"/> Elks | <input type="checkbox"/> Kiwanis |
| <input type="checkbox"/> Rotary | <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> Masons/
Eastern Star | <input type="checkbox"/> Fraternity/Sorority |
| <input type="checkbox"/> Lions Club | <input type="checkbox"/> Other (Specify): _____ | | |

Special Needs and Mobility Assistance: (Check all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Walker | <input type="checkbox"/> Deaf | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Guide Dog | <input type="checkbox"/> Personal Assistant | <input type="checkbox"/> Anxiety Disorder |
| <input type="checkbox"/> Bladder or Bowel Control Problems | <input type="checkbox"/> Other (Specify): _____ | | |

Household Information

*All information given Wheels of Hope is kept confidential. We only ask for this information to satisfy the requirements of our funders. Any information reported to them will be anonymous.

How many people reside in your household? _____

What is your total household annual income? _____



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Personal Transportation Account Agreement

1. You will maintain a balance in your account sufficient to cover your monthly rides;
2. Your membership dues will be automatically debited on the anniversary of your membership;
3. If you have an unpaid balance greater than \$200 for longer than 60 days, your account will be paused until you have deposited sufficient funds to again achieve a positive balance;
4. If there is no activity in your account for one year and we have made three documented unsuccessful attempts to reach you, you agree that the balance in your account will become a charitable gift to Wheels of Hope.
5. Your contacts may receive a limited number of mailings (via regular mail or e-mail) for the Wheels of Hope fundraising events/campaigns, as well as up to four quarterly Wheels of Hope Newsletters. Their names will not be shared with any other party or organization.

A personal Wheels of Hope transportation account is like a personal bank account. It is debited whenever you take a Wheels of Hope ride, and when you make a payment to Wheels of Hope, it is like making a deposit into your account. At the end of each month, you receive a statement that details your rides and any other account activity. Wheels of Hope is a charitable nonprofit service supported by your fares and voluntary local community support. Because fares cover only half the true cost of rides, the Wheels of Hope affiliate may include family members and any others you have listed as contacts in its fundraising campaigns.



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Participation in these campaigns is voluntary. A contact's decision not to participate will not affect the quality of your service or your eligibility to use Wheels of Hope for rides.

Your signature below indicates that you agree to the following policies.

Informed Consent

Wheels of Hope is a non-profit, community-based organization providing dignified, consumer-oriented transportation for people with visual impairments. In the spirit of this public/private effort, to continue the development and analysis that will allow Wheels of Hope to better understand the mobility needs of older Americans, their families and their communities, and to continuously improve the quality and sustainability of the service, we routinely collect data about riders and the rides we deliver. The identity of our riders is kept entirely confidential in all reports we use for these purposes.

Customer Name (please print)

Signature of Customer or Legal Representative

Date

APPROVAL:

Wheels of Hope Representative (please print)

Signature

Date