

**Green Garden Township
WILL COUNTY MOBILITY MANAGEMENT
REGISTRATION FORM**

Date of Submission:

CLIENT INFORMATION - GENERAL

Name: F M

Address: Unit: City: Zip:

DOB (Photo D required): Senior Disabled Gen Public

Home Phone: Cell:

Emergency Contact Name & Phone Number(s):

Other pick-up at home instructions:

Comments:

DISABILITY REQUIRING ASSISTANCE

Visual Physical Auditory Communication Cognitive Other (Specify)

TRANSPORTATION NEEDS

Dial-A-Ride Medical

MOBILITY AIDS

Manual WC Electric WC Scooter Crutches Walker Service Animal Caretaker Other (Specify)

FARE TYPE - DETAIL

Flat Fare \$2.00 one-way within Township Flat Fare \$4.00 one-way outside Township

HOUSEHOLD STATUS

Living Alone Living with Others Unknown Other Prefer Not to Answer

Additional information:

Household Status	Poverty Level	LES	Ethnicity	Race
Living Alone <input type="checkbox"/>	At or Below <input type="checkbox"/>	<input type="checkbox"/>	Hispanic or Latino <input type="checkbox"/>	White <input type="checkbox"/>
Living with Others <input type="checkbox"/>	Above <input type="checkbox"/>		Non-Hispanic or Non-Latino <input type="checkbox"/>	Black/African American <input type="checkbox"/>
Unknown <input type="checkbox"/>	Unknown <input type="checkbox"/>		Unknown <input type="checkbox"/>	American Indian/ Alaska Native <input type="checkbox"/>
Prefer Not to answer <input type="checkbox"/>	Prefer Not to Answer <input type="checkbox"/>		Prefer Not to answer <input type="checkbox"/>	Asian/Asian American <input type="checkbox"/>
				Race Unknown <input type="checkbox"/>
				Race Other <input type="checkbox"/>
				Prefer Not to answer <input type="checkbox"/>