

Employee Information								
Last Name:			First Name:				M.I.:	
Street Address:					Apt/Facility name:			
City:			Zip:		Email:			
Primary Phone: (    )				Alt Phone: (    )				
Demographic Information								
Date of Birth:			Gender:    Male <input type="checkbox"/> Female <input type="checkbox"/>					
Race/Ethnicity (Check all that apply)		<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian / Pac. Is	<input type="checkbox"/> Amer. Ind.	<input type="checkbox"/> Other	
Did you serve in the military?:    Yes <input type="checkbox"/> No <input type="checkbox"/>		Household Income:			List Mobility Aides Used:			
		Number in Household:						
Passenger Safety Information								
Emergency Contact Name:				Emergency Contact Phone: (    )				
Disabilities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> None	Cognitive Impaired	Develop. Disabled	Hearing Impaired	Mentally Impaired	Physically Impaired	Speech Impaired	Seizures
Employer Information								
Employer/Business Name:								
Employer Address:								
Employer Contact Person:				Contact's Phone: (    )				
Contact Person's Email Address:								
Special Drop Off Instructions:								
Authorized By:				Date Form Completed:				
Frequency								
Date service is to begin:								
AM only <input type="checkbox"/>		PM only <input type="checkbox"/>		Round Trip <input type="checkbox"/>				
Days of Week - "X" all that apply - For 3rd shift, place "X" on the line between both days								
Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Varies
Deadline:		Return Time:		Special Instructions:				
Hope Network Customer Care Center Use Only								
Possible Hub Location:								
Registration Completed By:								
Date Completed:				Confirmation Provided To:				

Either fax request to Hope Network @ 616.243.1258 or email to [riderequest@hopenetwork.org](mailto:riderequest@hopenetwork.org)  
 Hope Network Customer Care Office: 616.243.0876