



2024 Annual Rider Registration | New Rider Application

Mail completed registration along with a **\$10 non-refundable registration fee to:**
Reach for Resources—TRAIL, 5900 Green Oak Dr., #303, Minnetonka, MN 55343
Questions? Email: TRAIL@reachforresources.org or call 612-401-6395.

****Office Use Only****

Date Rec _____

MM Card # _____

Photo: Yes No

PART A Applicant Data

Last Name _____ First Name _____ DOB _____

Address _____ Apt # _____ City _____ Zip _____

Home # _____ Cell # _____ Email _____

What number should we call with your pickup time _____ and/or _____

Are you currently a TRAIL Rider? Yes No Is there an additional person to be called with your pickup time?

Name _____ Phone # _____ Email _____

Group Home or SILS/Support Staff: Agency Name _____ Contact name _____

Phone # _____ Email # _____

Are you currently certified as a Metro Mobility Rider? Yes No Unsure Metro Mobility Rider # _____

Emergency Contacts - TRAIL by Reach requires at least one emergency contact be provided.

1st Contact _____ Relationship _____

Home # _____ Cell # _____ Email _____

Address _____ City _____ State _____ Zip: _____

2nd contact (other than above) _____ Relationship _____

Home # _____ Cell # _____ Email _____

Address _____ City _____ State _____ Zip: _____

PART B Medical, Safety & Transportation Needs

1. Are there any special health information (physical limitations, heart trouble, diabetes, medications, allergies, restrictions, etc.) that TRAIL by Reach should be aware of? Be specific, enclose additional sheet if necessary.

2. Do you have epilepsy or seizures? Yes No If yes, complete all of question 2.

Type of seizure/epilepsy _____ Receiving treatment? Yes No On Medications? Yes No

Likelihood and frequency of seizure _____

Desired first aid procedures _____

Note: Transportation provider policy is to call for an ambulance if seizure lasts longer than 5 minutes.

3. Which of the following assistive devices, if any, do you use? (Please check all that apply)

Cane Walker Manual Wheelchair Powered Scooter/Cart

White Cane Crutches Powered Wheelchair Communication Aid

Other (please describe) _____

4. Do you need assistance boarding or deboarding Yes No If yes, please describe below:

5. Which AR&LE or REACH programs do you generally attend: _____

AR&LE program listings can be found at www.ARLEmn.org and Reach for Resources programs can be found at reachforresources.org.

PART C Current Living Arrangement

What is your living arrangement?

Independently _____ Semi-independently w/o transportation _____ With parents/family member _____ Group Home _____

Is there additional information you feel is important for us to know about your transportation situation in reviewing your application?

PART D Demographic Information (Used for applying for grants)

Ethnicity: American Indian Asian Black or African American White Other _____

Age: 0-15 Years Old 15-30 Years Old 30-45 Years Old 45-60 Years Old Over 60 years old

Household size: 1 2 3 4 or more

Housing Income: Less than \$25,000 \$25,000-\$50,000 \$50,000-\$70,000 \$70,000-\$100,000 More than \$100,000

Primary language spoken in the household: English Spanish Italian French Russian Other _____

PART E Applicant Signature | Sign AFTER you have read the following statements:

The information provided on this form is private data and is used to determine eligibility. All medical, biographical, and locational information is private and cannot be released to any organization, service provider or person, unless authorized in writing by applicant. Notwithstanding the foregoing, by signing below, applicant or the authorized representative of applicant, consents to and authorizes TRAIL to release, provide and share information contained in this application, medical or otherwise, with AR&LE (Adaptive Recreation and Learning Exchange) and Reach for Resources staff, and any transportation provider or organization contracted by TRAIL to provide the transportation services.

I understand that this is an application for transportation services subsidized by TRAIL by Reach and that depending upon resources, TRAIL by Reach may cap the number of riders it serves. I understand that I must be a certified Metro Mobility rider to use TRAIL. I have reviewed the TRAIL Rider Handout, agree to be bound by its policies, and acknowledge my responsibilities as a TRAIL and Metro Mobility rider, including:

- **Payment of \$10 non-refundable annual registration fee.**
- **Prepayment of \$2 to TRAIL for each roundtrip ride provided.**
- **Payment of \$20 card replacement fee, plus the fund balance on lost TRAIL Metro Mobility Go-To cards.**
- **Return of TRAIL Metro Mobility Go-To card if no longer a registered or active TRAIL rider.**

I certify that all information in this application form is accurate. I understand that this application may be shared with AR&LE and Reach for Resources staff to determine applicant eligibility for TRAIL services, AR&LE and Reach for Resources requirements for riders to participate independently at programs, without one-to-one support. I also understand that new riders are subject to a 60 day probationary period.

I release Reach for Resources and its members, directors, employees, agents, and representatives from any liability from any claims, injuries, or damages incurred in the carrying out of this transportation service.

Photo Waiver: My picture/first name can be used for publicity purposes, which may include Reach for Resources’s website, social media, newsletters, marketing materials, etc. **Please check:** Yes No

Applicant’s Signature: _____ Date: _____

If the applicant is not his/her own guardian, the following information about the guardian is required:

Guardian’s Signature: _____ Date: _____

Guardian Name (please print): _____ Phone: _____



Metro Mobility brought to you by TRAIL by Reach \$2 Rider Fare Prepayment

TRAIL by Reach (Reach for Resources) purchases each rider a Metro Mobility Go-To card. A roundtrip ride on Metro Mobility is \$7 to \$9. Riders pay TRAIL by Reach \$2 for each roundtrip ride to an AR&LE or Reach for Resources program. The remaining fare amount is subsidized by TRAIL through fundraising, grants and donations. **Riders are required to prepay their \$2 fare directly to Reach for Resources by mailing a check or money order to the address below.** Riders can purchase \$2 TRAIL by Reach rides in any quantity. We will keep track of how many \$2 fares have been used and will let riders know when they need to purchase more. The Metro Mobility Go-To card is scanned when riders board the bus to and from a program. TRAIL by Reach keeps track of riders' Go-To cards and will add funds as needed. **These Go-To cards are to be used for TRAIL rides only.** If riders take Metro Mobility to non-AR&LE/Reach activities, they must use their personal Go-To card. Riders who lose their TRAIL Metro Mobility Go-To card are required to pay a \$20 card replacement fee, plus the fund balance on the lost card.

Here is an example for determining how much you need to prepay: Count the number of January and February AR&LE or Reach programs you plan to attend, and pay for that number of rider fares. Don't worry, if you miss a class, your \$2 will not be deducted and the funds will still be in your account! If you choose to pre-pay more that is fine too.

ACTION: Decide how many fares you would like to purchase and complete the lower half of this page. Mail the completed form and your check or money order payable to Reach for Resources to the address listed below. If you have any questions, please contact Jill at 612-401-6395 or email TRAIL@reachforresources.org.

Cut here

2024 TRAIL by Reach \$2 Rider Fare Prepayment Order Form

Rider Name: _____

Phone No: _____

5	rides @ \$2	=	\$10
10	rides @ \$2	=	\$20
15	rides @ \$2	=	\$30
20	rides @ \$2	=	\$40
___	rides @ \$2	=	\$___

**Mail order form and check
or money order payable to
Reach for Resources to:**
Reach for Resources
Attn: TRAIL
5900 Green Oak Dr.,
Suite 303,
Minnetonka, MN 55343

Fare Payment total \$ _____

Annual Registration Fee \$10

Total Enclosed \$ _____



****Office Use Only****

Date Rec _____
Check # _____
Amount \$ _____