



2025 New Trail by Reach Rider Application

Mail completed registration form along with \$15 nonrefundable registration fee to: Reach for Resources-TRAIL, 5900 Green Oak Drive #303, Minnetonka, MN 55343
Questions? Email: TRAIL@reachforresources.org or call 612-401-6395

****Office Use Only****
Date Rec _____
MM# _____
Intake: Yes No

PART A Applicant Data

Last Name _____ First Name _____ DOB _____

Address _____ Apt # _____ City _____ Zip _____

Home # _____ Cell # _____ Email _____

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

Do you have a Metro Mobility Access Card (issued by the county)? Yes No

What number would we call with your pickup time _____ or prefer Text to _____

Would there be an additional person to be called/text with your pickup time?

Name _____ Cell Phone # _____ or prefer Text to _____

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

Phone # _____ Email _____

Emergency Contacts - Reach for Resources - TRAIL requires at least one (prefer two) emergency contact(s) be provided

1st Contact (Name) _____ Relationship _____

Home # _____ Cell # _____ Email _____

Address _____ City _____ State _____ Zip: _____

2nd Contact (Name-other than above) _____ Relationship _____

Home # _____ Cell # _____ Email _____

Address _____ City _____ State _____ Zip: _____

PART B Current Living Arrangement

What is your current 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 C 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 C Questions—Additional Information

- Are you allowed to be unsupervised in the community? Yes No
- Do you know your home address? Yes No
- Do you know your phone number? Yes No
- Do you know the phone number of your group home (if you live in one)? Yes No
- Do you know who to call in case of an emergency? Yes No
- Do you know how to cancel a Metro Mobility ride? Yes No
- Are you comfortable waiting alone for your ride to pick you up? Yes No
- Would you know what to do if your ride does not show up? Yes No
- Would you know what to do if you were dropped off at the wrong location? Yes No
- Do you need assistance at Reach for Resources program or are you comfortable participating on your own? Yes No

PART D 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 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 Reach for Resources to release, provide and share all information contained in this application with Reach for Resources staff, AR&LE (Adaptive Recreation and Learning Exchange) staff and any transportation provider or organization contracted by Reach for Resources to provide the transportation services.

I understand that this is an application for transportation services subsidized by Reach for Resources and that depending upon resources, TRAIL may cap the number of riders it serves.

I understand the following:

- **I must return the Registration form along with a payment of \$15 non-refundable registration fee**
- **Must be a resident of Bloomington, Eden Prairie, Edina, Golden Valley, Richfield or St. Louis Park**
- **Must live independently or semi independently**
- **Must be Metro Mobility Certified**
- **Must be able to attend programs independently**
- **Must pass my intake interview to qualify for Reach for Resources-TRAIL**
- **If accepted will complete the registration process by signing Official Acceptance form, filling out the prepayment form and adding funds to my account**

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.

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: _____

Guardian Email Address _____