

VOLUNTARY ACTION CENTER

**KENDALL AREA TRANSIT SERVICE REGISTRATION**

109 West Ridge Street - RM 002, Yorkville, IL 60560  
PHONE: (877) 446-4528 FAX: (630) 882-6971

*Please Print Clearly and Fill in all Blanks*

TODAY'S DATE \_\_\_\_\_

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_  
(Street name and number) (Apt #) (City) (Zip Code) (Township)

PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SEX: Male \_\_\_\_\_ Female \_\_\_\_\_

RACE : \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Black, African American \_\_\_\_\_ White, Not of Hispanic Origin

LOW INCOME: Yes \_\_\_\_\_ No \_\_\_\_\_

DO YOU HAVE A MEDICAID (PUBLIC AID) MEDI-PLAN CARD? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME (Exactly as it appears on the Medi-Plan Card) \_\_\_\_\_

MEDI-PLAN RECIPIENT NUMBER FROM BACK OF CARD (ID #) \_\_\_\_\_

DO YOU HAVE A DISABILITY? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, Please Describe: \_\_\_\_\_

DO YOU USE: \_\_\_\_\_ Wheelchair \_\_\_\_\_ Cane \_\_\_\_\_ Service Animal  
\_\_\_\_\_ Motorized Scooter \_\_\_\_\_ Walker \_\_\_\_\_ Crutches  
\_\_\_\_\_ Portable O2

DO YOU HAVE A VISUAL \_\_\_\_\_ OR HEARING \_\_\_\_\_ IMPAIRMENT?

DO YOU NEED ASSISTANCE WITH USING OUR TRANSPORTATION SERVICE: \_\_\_\_\_ Y \_\_\_\_\_ N

If Yes, Please Describe: \_\_\_\_\_

DO YOU HAVE AN ILLNESS OR ANY OTHER CONDITION THAT THE DRIVER SHOULD BE AWARE OF?  
(For Example: Heart Condition, Asthma, Epilepsy, Cancer, Pregnancy, Etc.)

If Yes, Please Describe: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

(Signature) \_\_\_\_\_

Would you like to receive KAT updates and notifications by email: \_\_\_\_\_ Y \_\_\_\_\_ N

Email Address: \_\_\_\_\_