

**Athens on Demand Transit
Rider Data Sheet**

First Name: _____ Last Name: _____

Gender: Male Female Date of Birth _____

Address: _____ Apt# _____

City: _____

Primary Phone: _____ Alternate Phone: _____

Directions to Residence: _____

E-Mail Address (Optional) _____

Check all that apply:

Disabled Developmental Disability Temporary Mobility

Elderly Low Income

Special Travel requirements if needed (Select all that apply):

Wheelchair Walker Ramp Oxygen Other

Will an aid be traveling with the rider: _____

Known Food Allergies AODT should be aware of: _____

Special Instructions _____

Communication Needs: _____

Instructions for Drivers:

Door to door Supervision until visually detected No Supervision required

Emergency Contact

Name: _____ Phone: _____

Second Emergency Contact

Name _____ Phone _____

Please Return To: Athens on Demand Transit
3 Cardaras Drive, Glouster OH 45732
Fax: 740-767-2301 Email: jody.hart@hapcap.org
Or complete form online at www.athensondemand.com

Revised 9/26/2018