



RIDER APPLICATION

DRIVE HAPPINESS
 9916-45 Ave. NW Edmonton AB, T6E5J1
 Tel: 780-424-5438
 Email: info@drivehappiness.ca

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Address: _____
 Apartment # Street City Postal Code

Complex Name/Buzzer: _____ Email Address: _____

Phone: Home _____ Phone: Cell _____

Spouse Name (if applicable): _____
 (Please also complete a separate rider application for your spouse if you will both need rides)

Date of Birth: ____ / ____ / ____ Gender: _____ Primary Language: _____
 MM DD YR

English Proficiency: Fluent Functional Needs Interpreter

HOUSEHOLD INFORMATION:
 Living Situation: Please mark with an X

Single Family Household	Apartment / Condo	Seniors Only Building
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I Live Alone?: Yes No
 If no, who lives with you?:

TRANSPORTATION INFORMATION:

DATS Membership (Edmonton Only): Yes No

Disability Placard: Yes No

Still Driving?: Yes No Seasonally

How often do you:

Walk to your destination?		Use a volunteer car service?	
Drive your own vehicle?		Use a private car service? (Uber, etc)	
Use Taxi?		Use DATS?	
ETS Bus or LRT?		Other?	

How much do you spend on transportation each month?:

INCOME: Annual Gross Income (Line 150 of Tax Return): _____

EMERGENCY CONTACTS:

Name: _____ Phone: _____ Relationship: _____

Email Address: _____

Name: _____ Phone: _____ Relationship: _____

Email Address: _____

Drive Happiness Rider Application

Please circle all the mobility aides that you use:

<input type="checkbox"/> Cane	<input type="checkbox"/> Walker	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Scooter	<input type="checkbox"/> Oxygen Tank	<input type="checkbox"/> Service Animal
Attendant/ Person accompanying you			Other:		

Health Information / Barriers:

Please check all conditions that affect your mobility, health and safety:

Motor Functions <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Stroke	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Knee / Hip Replacement	<input type="checkbox"/> General Weakness	<input type="checkbox"/> ASL / Lou Gehrig's Disease
	<input type="checkbox"/> MS	<input type="checkbox"/> Spinal Cord Injury	<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Broken Bones	Other:

Cognitive Functions <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alzheimers	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Vascular Dementia	<input type="checkbox"/> Fronto-Temporal Dementia
	<input type="checkbox"/> Lewy Body Dementia	<input type="checkbox"/> Huntington's Disease	Other:	

Mental Health Issues <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	Other:
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Major Health Issues <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cancer	<input type="checkbox"/> Dialysis	Other:
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Do you receive homecare services? Yes No

Is there anything else we need to know?

<input type="checkbox"/> Vision Barrier	<input type="checkbox"/> Hearing Barrier
<input type="checkbox"/> Legally Blind	

How did you hear about us?

<input type="checkbox"/> Family / Friends	<input type="checkbox"/> Health Providers	<input type="checkbox"/> 211/311/Sage Directory	<input type="checkbox"/> Volunteer Driving Organization
<input type="checkbox"/> Media	<input type="checkbox"/> Outreach Worker	Other:	

The signature below indicates that you agree that the information you provided is true: that you allow your information to be shared between Drive Happiness partners and your emergency contact; that Drive Happiness has your permission to contact your emergency contact; that you consent to receiving communications related to Drive Happiness partners; and that you will not take legal action against Drive Happiness or their volunteers. Upon acceptance into the rider program, you will automatically become a member of Drive Happiness Seniors Association with all the rights and privileges of membership; including attending and voting at our Annual General Meeting.

Name: (please print) _____
 Signature: _____ Date: _____

Community Connections and Interests

In order to build partnerships with other organizations and provide you with specific information, please check the activities that you are interested in:

Social Activities				
<input type="checkbox"/> Bingo	<input type="checkbox"/> Happy Hour	<input type="checkbox"/> Movies	<input type="checkbox"/> Social Dances	<input type="checkbox"/> Day Program
<input type="checkbox"/> Book Club	<input type="checkbox"/> Knitting Club	<input type="checkbox"/> Music	<input type="checkbox"/> Volunteering	Other:
<input type="checkbox"/> Bridge Club	<input type="checkbox"/> Live Theatre	<input type="checkbox"/> Religious Services	<input type="checkbox"/> Whist	
<input type="checkbox"/> Coffee with friends	<input type="checkbox"/> Man Shacks	<input type="checkbox"/> Shopping with friends	<input type="checkbox"/> Writing club	

Fitness		Education	
<input type="checkbox"/> Aquafit	<input type="checkbox"/> Walking	<input type="checkbox"/> Art Classes	<input type="checkbox"/> Choral Group
<input type="checkbox"/> Fitness Class	<input type="checkbox"/> Weight Training	<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Genealogy
<input type="checkbox"/> Pickleball	<input type="checkbox"/> Yoga	<input type="checkbox"/> Computer Classes	Other:
<input type="checkbox"/> Swimming	Other:	<input type="checkbox"/> Cooking Classes	
<input type="checkbox"/> Using the Gym		<input type="checkbox"/> Drama Club	

I could use some help or information on:	
Social Isolation	
Dementia Care	
ESL / Cultural	
Elder Abuse	
Caregiver Support	
Hoarding	
Financial Planning	
Financial Support	
Companion Care	
Other:	

Activity Locations (please list names if possible)
City Recreation Centres:
Seniors Recreation Centres:
Churches:
Other:

What has been the impact from NOT having a ride to get where you need to go?