



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

RIDER APPLICATION

FOR OFFICE USE ONLY

Rec'd _____ / _____ / _____	Appr/Decl	In RS	Y/N	Active	Y/N
Called _____ / _____ / _____	Protocol	_____ / _____ / _____			
Pymt Rec'd _____	Ann Fee \$ _____	Tix? _____	# purchased _____		
CC ET CHQ	Rec# _____	Wlcm Ltr _____	Date mailed _____	/ _____	Initial _____

PERSONAL INFORMATION

First Name:	Last Name:
Address:	
Mailing address (if different from above)	Complex name and buzzer number
Phone:	Cell:
Email address:	Spouse Name (A separate application needed):
Date of birth: _____ / _____ / _____ MM DD YR	English Proficiency: Fluent Functional



INCOME: Annual Gross Income (Line 15000 of Tax Return): _____
Annual Fees are based on Annual Income. without this information, we cannot approve your application

HOUSEHOLD INFORMATION	TRANSPORTATION INFORMATION
I live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please indicate who lives with you)	DATS membership (Edmonton only): <input type="checkbox"/> Yes <input type="checkbox"/> No Disability Placard: <input type="checkbox"/> Yes <input type="checkbox"/> No Still driving?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Seasonally

MOBILITY INFORMATION	
Do you use any mobility aids (i.e. cane or walker)?:	
Attendant/Person accompanying you:	Can you get in and out of a vehicle with minimal assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACTS		
Name:	Phone:	Relationship:
Email address:		
Name:	Phone:	Relationship:
Email address:		

HEALTH INFORMATION/BARRIERS						
Please mark all conditions that affect your mobility, health, and safety with an X						
Motor Functions		<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
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> MS	<input type="checkbox"/> Spinal cord injury	<input type="checkbox"/> Brain injury	<input type="checkbox"/> Broken bones	<input type="checkbox"/> Other:

Cognitive Functions		<input type="checkbox"/> Alzheimer's	<input type="checkbox"/> Parkinson's	<input type="checkbox"/> Vascular dementia	<input type="checkbox"/> Fronto-temporal dementia	<input type="checkbox"/> Lewy body dementia
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Huntington's	Other:			

Major Health		<input type="checkbox"/> Cancer	<input type="checkbox"/> Other	Mental Health		<input type="checkbox"/> Depression	<input type="checkbox"/> Other
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Dialysis		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Anxiety	

Do you receive homecare services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Vision barrier <input type="checkbox"/> Legally blind	<input type="checkbox"/> Hearing barrier
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Is there anything else we should know?

How did you hear about us?

Family/friends <input type="checkbox"/>	Health Providers <input type="checkbox"/>	211/311/Sage Directory <input type="checkbox"/>	Media <input type="checkbox"/>
Outreach worker <input type="checkbox"/>	Other <input type="checkbox"/>		

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: _____