JARC REFERRAL FORM

Referring Agency	Agency Contact Name	Date:
		/ /
Contact Phone Number	Contact Email	
( )		

CLIENT INFORMATION

Client First and Last Name	Date of Birth	Gender
	/ /	☐ Male ☐ Female ☐ Other
Address	Apt / Lot	City	Zip

Address		Apt / Lot	City	Zip
Nearest Intersection / Cross Street				
	Primary Phone Number		Message Phone Number	
	( )		( )	

Accommodations (Check all that apply)

☐ Use of Lift   Client Uses: ☐ Walker   ☐ Wheelchair   ☐ Cane / Other _____

☐ Visual Assistance   ☐ Hearing assistance   ☐ Other assistance, please specify _____

REQUESTED RIDE INFORMATION

Service *may* not begin until five (5) business days <u>after</u> the completed referral form is received by Clinton Transit, unless prior approval is granted by Clinton Transit staff. It is the <u>responsibility</u> of *Client* to confirm availability of transportation services and pick-up times.

Destination / Company Name		Phone Number	
Address	Suite	City	Zip

Transportation Start Date	Transportation End Date
/ /	/ /

Day of the Week	Start Time:	Return Time:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Purpose for Transportation (*Please check all that apply*)

☐ Employment Application(s) / Job Search   ☐ Employment Interview   ☐ Employment Training / Education

☐ Employment   ☐ Daycare   * If requesting ride for daycare, please complete section below.

DAYCARE INFORMATION

Name of Daycare		Phone Number	

Address	Apt / Lot	City	Zip

Name of Child	Age	Name of Child	Age

Return completed form by email to info@clintontransit.com or by fax to (989) 224-7034.

Unless otherwise noted, I understand it is the responsibility of the Referring Agency to pay for 50% of the transportation costs for the rides requested on this referral form and the JARC grant will fund the remaining 50% of the costs for the one-way fares. I also understand the Referring Agency is responsible for the payment of all late cancellation and no-show fees charged, as defined by Clinton Transit's No-Show Policy.

_____   _____

Authorized Agency Signature   Date

OFFICE USE ONLY

Staff accepting this form:_____   Received On:_____

Information entered into Ecolane by: _____

        Confirmed Rides with Client on: _____