



Client Application

Personal Information:

Name: _____

Address: _____

Phone: (Home): _____ (Cell): _____ (Work): _____

Email: _____

Date of birth: _____

How did you hear about J Rides/NV Rides?

Emergency Contact Information:

Name: _____

Address: _____

Phone: (Home): _____ (Cell): _____ (Work): _____

Relationship: _____

Primary Care Physician Name and Phone: _____

Physical Impairments: (i.e. the need for a walker, wheelchair, walking assistance, etc.)

J Rides is supported by NV Rides, a program working to better coordinate volunteer transportation throughout the region. Because NV Rides is supported by Fairfax County, we are required to collect additional demographic information about the clients we serve.

This following is for reporting purposes only-- your name and personal information will be kept confidential:

Please read the questions below and answer those that apply:

1. How many people reside in your household? _____
2. How many people over the age of 55 reside in your home? _____
3. Do you live in a female headed household? ____ Yes ____ No

4. **Please check the box which most closely resembles your yearly income:**

Less than \$20,000 ____ \$20,000-\$40,000 ____ \$40,000-\$60,000 ____

\$60,000-\$80,000 ____ Greater than \$80,000 ____

5. **With which Race/Ethnicity do you most closely identify?**

Please mark the appropriate box.

___ White/Caucasian (Not Hispanic or Latino)

___ Asian

___ Hispanic or Latino

___ Multiracial

___ Black/African American

___ Native Hawaiian or Other Pacific Islander

___ American Indian or Alaskan

___ Other/Not-reported

6. **How many unemployed persons (Over the age of 18) are residing in your household? ____**

7. **How many people in your home receive unemployment benefits?**

(Do not include dependents) ____

8. **Are there any children under the age of 18 residing in your home? ____ Yes ____ No**

If "Yes" how many children under the age of 18 reside in your home? ____

9. **Are there disabled persons in your household (having a physical or mental impairment that substantially limits one or more major life activities):**

____ No ____ Yes ____ Number of persons with disabilities within household

10. **Is your household enrolled in TANF (Temporary Assistance for Needy Families)?**

____ Yes ____ No

Please mail or deliver completed form to:

J Rides
8900 Little River Turnpike
Fairfax, VA 22031

703 537-3074
JRides@JCCNV.org

The JCCNV reserves the right to photograph and/or videotape activities for use in publicity or promotional materials. Please notify the JCCNV in writing if you do not want photos of either you or your family members to be used and send in a recent photo so that we can be sure you or your family members are not included in these materials.

J Rides is supported by NV Rides, a network of community organizations aiming to enhance and improve volunteer assisted transportation throughout the region. In partnership with Fairfax County and Jewish Council for the Aging, the JCCNV is administering this community-wide initiative so that more non-driving older adults will be able to get where they need go at no cost, so that they can "age in place" for as long as possible.

