

Same Day On-Demand Transportation Service operated by Johnson County SEATS

Referral Form

Referring Agency: _____

Referring Agency Contact Name/Phone/Email: _____

Rider Information

Name : _____

Residential address (if applicable): _____

Phone Number (if applicable): _____

Birthdate: _____

Gender Identity:

Female

Non-Binary

Male

Transgender

Self-Describe: _____

Mobility Aids/Needs (e.g. wheelchair, walker, cane, visual impairment)? Yes No If yes, describe: _____

Race:

Asian

Multi-racial

Black or African American

Native Hawaiian or Pacific Islander

Latinx or Hispanic

White

Self-Describe: _____

What other transportation services do you use in Johnson County? (may select more than one option if applicable)

Automobile or motor vehicle

Public Transportation

Senior Volunteer Transportation Programs

Taxi or ride share service like Uber or Lyft

Other (Please Describe): _____

Why are you using this service? (may select more than one option if applicable)

Awaiting paratransit approval

Bus routes are inconvenient or no access to public transportation

Hospital Discharge

LEP and/or Immigrant

No ability to drive/No access to a car

Poor weather

Reside outside of /traveling to area with no public transit

Other: _____

Do you need an interpreter? If so, what is your preferred language? _____

It is difficult for you to pay for this service? Yes No

****Please return completed form to:** seatsarpa@johnsoncountyiowa.gov

Once approved, call or text driver at: 319-381-2658