NAPIS Client Registration Form (for 60 and older)
For Senior My ride Program
Please Fill out form Completely
Must Reapply Every year on October 1st.

First Name(please print):_____Last Name:_____

Address:_____

City_____State:__MI_____Zip Code:_____

Date of Birth_____ Phone Number _____

Gender: ○ Male ○ Female Disabled: ○ Yes ○ No

Race: ○ White ○ Black ○ Asian ○ Hispanic ○ American Indian

Is Monthly Income below Poverty Level? ($1215- Single $1643-Double) ○ Yes ○ No

Date Form Completed_____ Signature_____