

For Internal Use Only
ID # _____
Ticket Range _____
Month _____

**2020 APPLICATION FOR  
NORTHERN WINNEBAGO DIAL-A-RIDE  
IDENTIFICATION CARD**

**(PLEASE PRINT)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

GENDER: M / F

EMERGENCY CONTACT NAME/PHONE NO: \_\_\_\_\_

HOW DID YOU HEAR ABOUT DIAL-A-RIDE? \_\_\_\_\_

I hereby certify that I am a resident of the City of Neenah or the City of Menasha, Winnebago County, Wisconsin, age 60 or over, and that all of the above information is true and correct.

In the event that I move or change my telephone number, I will notify the City of Neenah by calling the Community Development Department at 920-886-6125. In the event that I take up residency outside of Neenah or Menasha city limits, I shall be responsible for relinquishing my ID card.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To submit this form by mail, please address to the following:

Dial-A-Ride  
Community Development Department  
211 Walnut Street  
Neenah WI 54956

# Request for Demographic Information 2020

**\*\*Confidential\*\***

The following information is requested for the purpose of program evaluation. Your assistance in providing this information will also help us obtain funding for the Dial-A-Ride program. It will be kept confidential and separate from any identifying information.

**Thank you for your assistance!**

<b>1. Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other: _____
<b>2. Age</b>	<input type="checkbox"/> 59 and younger	<input type="checkbox"/> 60 to 79	<input type="checkbox"/> 80 and older
<b>3. Residency</b>	<input type="checkbox"/> City of Menasha	<input type="checkbox"/> City of Neenah	<input type="checkbox"/> Other: _____
<b>4. Race</b>	<b>Ethnicity</b>		
<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hmong	
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hmong	
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hmong	
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hmong	
<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hmong	
<input type="checkbox"/> Multi-racial	Specify: _____		
<b>5. My monthly income is:</b>			
<u>1-person household</u>		<u>2-person household</u>	
<input type="checkbox"/> less than \$1,370	<input type="checkbox"/> less than \$1,567		
<input type="checkbox"/> between \$1,370 and \$2,283	<input type="checkbox"/> between \$1,567 and \$2,608		
<input type="checkbox"/> between \$2,283 and \$3,650	<input type="checkbox"/> between \$2,608 and \$4,171		
<input type="checkbox"/> over \$3,650	<input type="checkbox"/> over \$4,171		