

St. Clair County Community Mental Health Authority
Blue Water Area Transportation Commission
Rider Profile

Personal Information

Individual's Full Legal Name: _____ Case#: _____

Preferred Name: _____

Phone Number: _____

Home Address: _____

Emergency Drop-Off Address: _____

Contact Information

Emergency Contact: _____

Relationship to Individual: _____

Contact Phone Number: _____

Contact Address: _____

Day Program: _____

Day Program Phone Number: _____

Day Program Address: _____

Medical/Behavioral Information

☐ Autism

☐ Prone to Seizures/Epileptic

☐ Intellectual Disability

☐ Mental Illness

☐ Deaf/Hearing Impaired

☐ Mild

☐ Non-Verbal

☐ Blind/Visual Impairment

☐ Moderate

☐ Anxiety

☐ No Sense of Danger

☐ Severe

☐ Violent Outburst

☐ Verbally Aggressive

☐ Preferred Seat: _____

☐ Allergies (if applicable list below):

Other Medical Information:

Other Comments: