

Iowa NAPIS Form for Transit Services

Last Name: _____ Middle Initial: _____ First Name: _____

Date of Birth: _____ All or last four digits of Social Security Number: _____ - _____ - _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: (____) _____ - _____ Gender M F

Race: African American
 Native Hawaiian/Pacific Islander
 American Indian/Alaska native
 Asian
 White

Ethnicity: Hispanic or Latino
 Not Hispanic or Latino

Do you receive Eldereach Services: Yes No

Do you live alone: Yes No

Number in your household: _____

Annual Household Income: _____

Release: I understand and agree that the information contained on this form may be released to meet State and Federal data reporting requirements and I agree to the release of information for that limited purpose only. I understand that any release of information in identifiable form must be accompanied by a signed consent form.

Client Signature: _____

Date: _____