



Freedom Ride Inc

1905 Lee Road, Orlando, FL 32810

Phone: 407-293-0411 / Please return originally completed forms to the office



PARTICIPANT STATISTICAL INFORMATION FORM - FOR STATISTICAL USE ONLY

Completion of this form will assist Freedom Ride in tracking information needed to apply for grant funding for the program. The information received from this form will remain confidential. The information will not affect the decision for a participant to ride with Freedom Ride.

Participant Name:

Gender: Female Male

Date of Birth:

Mailing Address:

City:

County:

Zip:

Disability:

RACE

American Indian / Alaskan

Hispanic

Asian / Pacific Islander

White (non-Hispanic)

Black

Other

ANNUAL HOUSEHOLD INCOME (PLEASE CHECK)

\$0-10,000

\$31-50,000

\$11-20,000

\$51- 75,000

\$21-30,000

\$75,000 +

Number in Family:

Number of Employed Family Members:

Adult Signature:

Date:

Participant Parent Legal Guardian

REFERRAL INFORMATION

How did you hear about the program?

Website Media Doctor Therapist Participant Other: