## SENIOR TRANSPORTATION RIDERSHIP FORM

Name ________________________________________________ Birthdate: ____/_____/_____ Age:_____
(Last) (First)

Address: ____________________________________ City: ___________________ Zip: ___________
(Street) (Apt#)

Phone: (_____)________________________________ Township: ___________________________

Gender: (____) M (____) F Marital Status: _______ Handicapped: (____) **Yes** Frail/Disabled (____) **Yes**

Race: (__) White (__) Black (__) Hispanic (__) American Indian/Alaskan Native (__) Asian/Pacific Islander

Multiracial? (___) **Yes** If yes, parents race (list all) _______________________________________________

Income: At/Below poverty? (____) **Yes** (____) **No**

| ***Household Size*** | ***Poverty Threshold*** |
|---|---|
| 1 | $1063.00 |
| 2 | $1437.00 |

Are you disabled? (____) **Yes** Require the lift? (____) **Yes** Have an aid accompany you? (____) **Yes**

Does anyone living in your home drive? (____) **Yes** Do you live by a Stars bus route? (____) **Yes**

**Emergency Contact #1**: ___________________________ Phone: (____) _________________________

Relationship: _____________________________________ Alt. Phone: (____) _________________________

**Emergency Contact #2**: ______________________________ Phone: (____) _________________________

Relationship: _____________________________________ Alt. Phone: (____) _________________________

We reserve the right to contact your emergency contact for any concerns we have with your well-being.
List your medical problems or handicaps: __________________________________________________________

______________________________________________________________________________________________

Do you plan to use our transportation services for Medical Appointments (____) **Yes** Groceries: (____) **Yes**

Other (please explain): ___________________________________________________________________________

How often: Weekly (____) Monthly (____) Occasionally: (____)

Participant Signature: ____________________________________________________ Date: _______________

***I have received the Transportation Policy***: (____) **Yes**

1/27/22