

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
2	\$1437

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 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 2013 Transportation Policy: (____) Yes