

# Senior Transportation Connection

26272 BUTTERNUT RIDGE ROAD  
NORTH OLMSTED, OHIO 44070  
1-800-983-4782 OR 440-777-3772  
FAX 440-777-1792  
Registration Form

Date Taken: \_\_\_\_\_

Number of Riders: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Apartment Complex Name: \_\_\_\_\_ Apt #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female

Last 4 digits of Social Security Number \_\_\_\_\_

Do you live in an Assisted Living or Nursing Facility \_\_\_\_\_?

## Emergency Contact Information

Relative/Friend

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Address City State Zip

Relative/Friend

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Address City State Zip

Primary Physician

Name: \_\_\_\_\_ Office Phone \_\_\_\_\_ Emergency # \_\_\_\_\_

Address City State Zip

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Allergies:

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Mobility Limitations

- Walker       Cane       Wheel Chair    Motorized Wheel Chair  
 Other \_\_\_\_\_  Hearing Aid    Assist Dog

Do you have a wheelchair ramp at your home?    Yes    No

Escort needed                       Yes                       No

Frail/Impaired                       Yes                       No  
(If yes, specify): \_\_\_\_\_

Speaks limited English            Yes                       No

Homebound       Lives alone       Lives with spouse       Lives with others

Medicaid Eligible

Race: \_\_\_\_\_

- A) African-American
- B) Hispanic
- C) American Indian / Native Alaskan
- D) Asian / Pacific Islander (incl. Hawaiian)
- E) White
- F) Other than above
- G) Information unavailable

Special Pick up Instructions:

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Special Needs: \_\_\_\_\_

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