

SENIOR TRANSPORTATION INFORMATION

DATE: _____

NAME: (LAST) _____ (FIRST) _____ DATE OF BIRTH ___/___/19___

ADDRESS: _____ CITY _____ ZIPCODE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

DO YOU NEED SHORT TERM TRANSPORTATION? _____ DO YOU NEED? WALKER _____ CANE _____

ARE YOU HEARING IMPAIRED? _____ ARE YOU SIGHT IMPAIRED? _____

PLEASE LIST ANY CHRONIC ILLNESSES: _____

PHYSICIAN'S NAME _____ PHONE NUMBER _____

IN CASE OF EMERGENCY, PLEASE CALL:

NAME _____ PHONE NUMBER _____

RELATIONSHIP _____ PHONE NUMBER _____

DO YOU: LIVE ALONE _____ LIVE WITH OTHERS _____

GENDER: FEMALE _____ MALE _____

RACE: WHITE _____ AFRICAN-AMERICAN _____ HISPANIC _____ OTHER _____

YEARLY HOUSEHOLD INCOME: LESS THAN \$10,000 _____ \$10,000-\$19,999 _____

\$20,000-\$29,999 _____ \$30,000 or more _____