



Senior Services Transportation Program
Registration Form

Please Print:

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ Stratford, CT 0661_

Telephone: _____ Cell Phone: _____ Gender: _____

Date of Birth: _____ *If 55-59 yrs. old, provide SSDI ID:* _____

Health Conditions / Disability(ies): _____

Please circle answer(s)

- **Do you drive?** Yes No If no, provide Non-drivers ID#: _____
- **Will you be riding with a companion/home health aide?** Yes No
- **Mobility device used:** Wheelchair Walker Cane Scooter None
- **Ethnicity:** White Black Hispanic Asian Native American
- **Marital Status:** Single Married Widowed Separated Divorced
- **Living Arrangements:** Alone with spouse only with children only with spouse and children with other(s)
- **Housing:** Private home Private apartment Senior housing Condo
other: _____

Emergency contact:

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____

Phone Number(s): _____ Relationship: _____



Due to limited capacity, I understand that I may not be given priority if a member of my household drives. Inappropriate behavior or language and excessive cancelations may lead to termination of my participation in the Transportation Program.

In consideration of the Town of Stratford Senior Services accepting my registration, I hereby, for myself, my children child(ren), heirs, executors, and administrators waive and release any and all rights and claims for damages I may have against the Town of Stratford and its representatives, successors, and assigns for any and all injuries suffered by myself while participating in the Transportation Program. I recognize and accept the inherent risks involved in participating and will not hold the Town of Stratford or its representatives responsible for injuries or damages as a result of participation.

Print Name: _____

Signature: _____ **Date:** _____

Or

**Signature of Person
with Legal Authority
to Sign for Rider:** _____ **Date:** _____
(Attach copy of designation of Conservator/Power of Attorney)

Completed forms can be mailed to or dropped off at:
Baldwin Center – Senior Services
1000 West Broad Street
Stratford, CT 06615
Or via email at seniorservices@townofstratford.com

For more information, call 203-385-4051

Internal use only:

Date received: _____

Approved *Denied*