

4735 West 150th St., Ste. A
 Cleveland, OH 44135
 216-265-1489, Fax 216- 265-2830
 http://www.ridestc.org



REGISTRATION FORM

Date:			Number of Riders:												
Name:			Email Address:												
First	MI	Last	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female												
Address:															
City:		State:	Zip Code:												
Apartment Complex Name:			Telephone:	Birthdate:											
Cell Phone:		Smartphone <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you text? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Last 4 digits of Social Security #:		Do you live in an Assisted Living or Nursing Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of facility:													
Do you attend a Senior Center? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Senior Center:															
Living Situation: <input type="checkbox"/> Homebound <input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives With Spouse <input type="checkbox"/> Lives with Others															
Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No			Income Below National Poverty Level: <input type="checkbox"/> Yes <input type="checkbox"/> No		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Persons in Family</th> <th style="width: 50%;">Poverty Guideline</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$12,140</td> </tr> <tr> <td>2</td> <td>\$16,460</td> </tr> <tr> <td>3</td> <td>\$20,780</td> </tr> <tr> <td>4</td> <td>\$25,100</td> </tr> </tbody> </table>	Persons in Family	Poverty Guideline	1	\$12,140	2	\$16,460	3	\$20,780	4	\$25,100
Persons in Family	Poverty Guideline														
1	\$12,140														
2	\$16,460														
3	\$20,780														
4	\$25,100														
(This information is used for reporting purposes only and is confidential)															
Race: <input type="checkbox"/> African-American <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander															
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Information Unavailable															

MOBILITY INFORMATION

<input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Wheel Chair <input type="checkbox"/> Motorized Wheel Chair <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Assist dog <input type="checkbox"/> Needs Lift <input type="checkbox"/> Other			
Do you have a wheel chair ramp at your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Escort Need: <input type="checkbox"/> Yes <input type="checkbox"/> No	Speaks Limited English: <input type="checkbox"/> Yes <input type="checkbox"/> No
Frail/Impaired: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, specify):			
Special Pick Up Instructions:			
Special Needs:			

MEDICAL INFORMATION

Primary Physician:	Office Phone:	Emergency Phone:
Address:		
City:	State:	Zip:
Medical Conditions:		
Medications:		
Allergies:		

EMERGENCY CONTACT INFORMATION

Name:	Relationship:	Telephone: Alternate Telephone:
Address:		
City:	State:	Zip:
Name:	Relationship:	Telephone: Alternate Telephone:
Address:		
City:	State:	Zip:

MAIL TO:

Senior Transportation Connection
4735 West 150th St., Ste. A
Cleveland, OH 44135

FAX: 216-265-2830

Phone: 1-800-983-4782

Office Use Only

Date Registered _____

Registered by _____

Provider _____

Funder _____

Fare Type _____

Special Notes _____
