



SILVER KEY RESERVE & RIDE REGISTRATION FORM

BASIC INFORMATION							
First Name:			MI:		Last Name:		
DOB:		Age:		SSN:		Gender: Male Female	
Phone Number:				EMAIL:			
Race:				Ethnicity:			
Caucasian <input type="radio"/>		Multi-racial <input type="radio"/>		Hispanic <input type="radio"/>		Not Hispanic or Latino <input type="radio"/>	
African American <input type="radio"/>		Native American <input type="radio"/>		Language:			
Asian <input type="radio"/>		Pacific Island <input type="radio"/>		Disability:			
Bi-racial <input type="radio"/>		Other <input type="radio"/>		Disabled <input type="radio"/>		Not Disabled <input type="radio"/>	
Marital Status:				Condition/diagnosis:			
Single <input type="radio"/>		Separated <input type="radio"/>		ADA Certified?		Yes No	
Married <input type="radio"/>		Divorced <input type="radio"/>		Client Code:		Ex. Date:	
Common-law <input type="radio"/>		Widowed <input type="radio"/>		Employment Status:			
Domestic Partner <input type="radio"/>				Retired <input type="radio"/>		Full-time <input type="radio"/>	
Housing Status:				Part-time <input type="radio"/>			
Homeowner <input type="radio"/>		Homeless <input type="radio"/>		Self-employed <input type="radio"/>		Temporary/Seasonal <input type="radio"/>	
Rent <input type="radio"/>		Other <input type="radio"/>		Unemployed <input type="radio"/>			
Health Insurance: (Check all that apply)				Veteran Status:			
Medicaid <input type="radio"/>		VA Medical Services <input type="radio"/>		Yes <input type="radio"/>		No <input type="radio"/>	
Medicare <input type="radio"/>		Private / Other <input type="radio"/>		Spouse of Veteran <input type="radio"/>			
Employer Provided <input type="radio"/>		None <input type="radio"/>					
Address:						APT #:	
City:				State:		Zip:	
Name of Apartment Complex:							
Mailing Address (if different from above):						APT #:	
City:				State:		Zip:	
How many people live in your household?							
If you live alone, is your individual income below \$1,005?						Yes No	
If you have a spouse or partner, is your monthly income below \$1,353?						Yes No	
Are you visually impaired (cannot be corrected with glasses)?						Yes No	
If yes, do you not drive as a result of your visual impairment?						Yes No	
Are you hearing impaired (considered deaf)?						Yes No	
EMERGENCY CONTACT							
Name:		Relationship:			Phone number:		
TRANSPORTATION							
Space Type:		Ambulatory <input type="radio"/>		Wheelchair Type:		Manual <input type="radio"/>	
		Vehicle with lift/ramp <input type="radio"/>				Powered <input type="radio"/>	
		Wheelchair <input type="radio"/>				Scooter <input type="radio"/>	
Mobility Aid: (circle aid most used) None Cane Oxygen Walker White Cane Cane							
Will you need additional assistance at all times?						Yes No	
(ex. Help with mobility aid, door through door service, or help up and down stairs)							
If yes, explain:							
Will you have a caregiver ride with you?						Yes No	
Will you have a service animal?						Yes No	
Driver / Instructions (ex. Gate code, directions to residence, etc.)							

TRANSPORTATION REGISTRATION CONTINUED

How did you hear about Silver Key services?						
Silver Key Connections Café	<input type="radio"/>	Email	<input type="radio"/>	From friend / relative	<input type="radio"/>	
Senior Newspaper/ Publication	<input type="radio"/>	Radio	<input type="radio"/>	Medical Professional	<input type="radio"/>	
Other Newspaper/ Publication	<input type="radio"/>	AAA Newsletter/ Website/Brochure	<input type="radio"/>	Other	<input type="radio"/>	
Internet/Website	<input type="radio"/>	From a Current Client	<input type="radio"/>			
Are you interested in any of our other services?					Yes	No
(circle all that apply)	Nutrition	Care Mngt.	Health Equipment	Other:		
Prepared by:				Date:		
<i>Office Use Only</i>	<i>Entered by:</i>			<i>Date:</i>		