

TRANSPORTATION REGISTRATION FORM

BASIC INFORMATION							
First Name:			MI:		Last Name:		
DOB:		Age:	SSN:		Gender: Male Female		
Phone Number:				EMAIL:			
Race:				Ethnicity: Hispanic O Not Hispanic or Latino O			
Caucasian O Multi-racial O				Language:			
African American O Native American O				Disability: Disabled O			
Asian O Pacific Island O				Not Disabled O			
Bi-racial O Other O				Condition/diagnosis:			
Marital Status:				ADA Certified? Yes No			
Single O Separated O				Client Code: Ex. Date:			
Married O Divorced O				Employment Status: Retired O			
Common-law O Widowed O				Full-time O			
Domestic Partner O				Part-time O			
Housing Status:				Self-employed O			
Homeowner O Homeless O				Temporary/Seasonal O			
Rent O Other O				Unemployed O			
Health Insurance: (Check all that apply)				Veteran Status: Yes O			
Medicaid O VA Medical Services O				No O			
Medicare O Private / Other O				Spouse of Veteran O			
Employer Provided O None O							
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 O		Wheelchair Type:		Manual O	
		Vehicle with lift/ramp O				Powered O	
		Wheelchair O				Scooter O	
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?					
AAA Brochure/Flyer	<input type="radio"/>	From current client	<input type="radio"/>	Silver Key Website	<input type="radio"/>
AAA Newsletter	<input type="radio"/>	From friend / relative	<input type="radio"/>	Medical Professional	<input type="radio"/>
Channel 9	<input type="radio"/>	Senior Fair	<input type="radio"/>	Other	<input type="radio"/>
Congregate Meal site	<input type="radio"/>	Walk-in	<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>	