SILVER KEY RESERVE & RIDE REGISTRATION FORM

BASIC INFORMATION			
First Name:		**MI:**	**Last Name:**
DOB:	**Age:**	**SSN:**	**Gender:** Male Female
Phone Number:		**EMAIL:**	

Race:				**Ethnicity:**	Hispanic	O
Caucasian	O	Multi-racial	O		Not Hispanic or Latino	O
African American	O	Native American	O	**Language:**		
Asian	O	Pacific Island	O	**Disability:**	Disabled	O
Bi-racial	O	Other	O		Not Disabled	O
Marital Status:				**Condition/diagnosis:**		
Single	O	Separated	O	**ADA Certified?**	Yes	No
Married	O	Divorced	O	**Client Code:**	**Ex. Date:**	
Common-law	O	Widowed	O	**Employment Status:**	Retired	O
Domestic Partner	O				Full-time	O
Housing Status:					Part-time	O
Homeowner	O	Homeless	O		Self-employed	O
Rent	O	Other	O		Temporary/Seasonal	O
Health Insurance:	(Check all that apply)				Unemployed	O
Medicaid	O	VA Medical Services	O	**Veteran Status:**	Yes	O
Medicare	O	Private / Other	O		No	O
Employer Provided	O	None	O		Spouse of Veteran	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? (ex. Help with mobility aid, door through door service, or help up and down stairs) **If yes, explain:**	Yes	No
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	O	Email	O	From friend / relative	O
Senior Newspaper/ Publication	O	Radio	O	Medical Professional	O
Other Newspaper/ Publication	O	AAA Newsletter/ Website/Brochure	O	Other	O
Internet/Website	O	From a Current Client	O		

Are you interested in any of our other services?					Yes	No
(circle all that apply)	Nutrition	Care Mngt.	Health Equipment	Other:		

Prepared by:		**Date:**
Office Use Only	*Entered by:*	*Date:*