

**TRANSPORTATION SERVICES
EAST LYME SENIOR CENTER**

The information obtained through this application process will only be used by the Senior Center staff for the provision of transportation services. The information will not be provided to any other person. The Senior Center does compile monthly statistics that are shared but no personal identifying information is used.

Name: _____ Birth Date: ____/____/____

Address: _____ Town: _____ Zip code: _____

Telephone: _____ Cell #: _____

Emergency Contact Name: _____

Emergency Contact phone number and relationship: _____

If you are under 60, you must provide proof of your disability.

Note: For the purposes of obtaining statistics for The State of Connecticut, please circle your racial origin:

White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native Indian

Is English your primary language? YES or NO? If no, what is your primary language _____

Do you require translator services? YES or NO?

Do you use any of the following aides? (Check all that apply.)

Manual Wheelchair _____ Electric Wheelchair _____ Cane _____ Walker _____ Powered Scooter _____
Crutches _____ Guide Dog _____ Oxygen _____ Other _____

NOTE: If you use any type of wheelchair or scooter, please complete the following:

1. Do you manage the wheelchair independently; or is there an aide or family member that is physically able to assist you? **YES or NO ?**
2. If electric scooter or electric wheelchair, please give estimated weight of chair _____ lbs.

Do you require a personal care attendant to travel with you? **YES, or NO?** By signing this document and accepting the transportation services provided by the Town of East Lyme Senior Center, you acknowledge and accept that those services consist of driving you to and from your appointments. The drivers are not trained or qualified to provide personal care or medical care. You also acknowledge that you have received a copy of our transportation services explanation and understand and agree to its terms. The Senior Center reserves the right to refuse transit services to those people who are not able to safely use the transit services or who repeatedly violate the transportation terms.

Signed: _____ Date: ____/____/____

If someone has completed this application other than the person requesting the transportation, please complete the following: **Name:** _____