

4735 West 150<sup>th</sup> 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		Persons in Family	Poverty Guideline
Income Below National Poverty Level: <input type="checkbox"/> Yes <input type="checkbox"/> No		1	\$12,140
		2	\$16,460
		3	\$20,780
		4	\$25,100
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

Walker  Cane  Wheel Chair  Motorized Wheel Chair  
 Hearing Aid  Assist dog  Needs Lift  Other

Do you have a wheel chair ramp at your residence?      Escort Need:  Yes  No      Speaks Limited English:  
 Yes  No

Frail/Impaired:  Yes  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:

## Office Use Only

Date Registered\_\_\_\_\_

Registered by\_\_\_\_\_

Provider\_\_\_\_\_

Funder\_\_\_\_\_

Fare Type\_\_\_\_\_

Special Notes\_\_\_\_\_

### MAIL TO:

Senior Transportation Connection  
4735 West 150<sup>th</sup> St., Ste. A  
Cleveland, OH 44135

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**Phone:** 216-265-1489