LEDYARD SENIOR CENTER
Member/Transportation Application 2020/21

NAME________________________________ DATE:

email blast: yes ☐ NO ☐

PHONE NUMBER (____)_____-_______ CELL #: ______________________________

EMAIL ADDRESS: ____

ADDRESS____APT#__________________

CITY/STATE/ZIP____

DATE OF BIRTH_____/______/______ MARITAL STATUS__________________

LIVING ARRANGEMENTS (Check one): Alone ____ w/ Family ____ w/Others ___

IN CASE OF EMERGENCY:

EMERGENCY CONTACT #1 –NAME ______________________________________

PHONE (______) ______-________ RELATIONSHIP ______________________

PHONE (______) ______-________ (cell)

EMERGENCY CONTACT #2 –NAME ______________________________________

PHONE (______) ______-________ RELATIONSHIP ______________________

PHONE (______) ______-________ (cell)

DOCTOR__________________________ PREFERRED HOSPITAL____________________

HEALTH PROBLEMS ____

MEDICATIONS ____

(Please complete the other side)

Are you able to travel without assistance? ....Yes _____No_____

Are you able to climb three 12-inch steps? ....Yes_____ No_____

Are you able to wait outside without support for 10 minutes?...Yes____ No_____

Do you use a cane _____ walker_____ or wheelchair______? (check any that apply)

Do you need the wheelchair lift? ....Yes _____ No______

Do you have a valid driver's license? ....Yes_____ No______

Are you able to drive? ....Yes______No______

Are there any licensed drivers in your household? ....Yes_____ No_____

Please be aware that the Senior Center does not provide assistance to and from the vehicle.

I certify that the above information is true and correct.

Signature________________________________ Date______________________