Site:
(office use only)
_____

Date_____

Erie County Senior Van Transportation
Over 60 Participant Registration

Registration #
(office use only)
_____

All information given by participant on this form will remain **CONFIDENTIAL**.
Please complete both sides of the entire form.

Please Print

Name _____ Date of Birth_____Age____
Last Name First Name MI
Street_____City_____NY, Zip_____

Telephone_____
Are you the spouse of another participant? No☐ Yes☐ If Yes, who? _____
Do you receive Medicaid? No☐ Yes☐ If Yes, CIN# _____
1 Person Monthly Income: Less than $1041___$1042-$1301___$1302-$1561___ Greater than $1561___

2 Person Monthly Income: Less than $1409___$1410-$1761___$1762-$2114___ Greater than $2114___

EMERGENCY INFORMATION: In case of an emergency, whom shall we notify?

Name:_____

Address:_____

City:_____ Zip Code:_____

Relationship:_____ Phone_____

MEDICAL INFORMATION:

Physician's
Full Name:_____

Address:_____

City:_____ Zip Code:_____

Physician's
Telephone Number: ( )_____

Please answer **all** of the following questions. The purpose is to gather basic characteristics about the people we serve. Answering the questions will **NOT** affect your eligibility for receiving services.

1. Sex: Male ☐ Female☐

2. Are you a USA Veteran? Yes☐ No ☐

3. Are you? Married☐ Single☐ Widowed ☐ Divorced ☐

4. Number of people living in household (including yourself) _____

5. Do you live alone? Yes☐ No, with spouse ☐ No, with relatives☐ No, with non-relatives☐

6. Race/Ethnicity: White, not Hispanic☐ Hispanic or Latino☐ Black, Not Hispanic☐
Asian ☐ American Indian/Alaskan Native☐ Native Haw/Pac Islander☐ Other ☐

7. Do you consider yourself frail/disabled? ** Yes☐ No☐

8. Do you use a wheelchair? Yes ☐ No ☐

**A person who has a physical or mental disability which substantially limits one or more life activities.

Rev. 2/2017