

**Municipal Medical Transportation Service  
East Lyme, Groton, New London, Stonington, Waterford  
SELF REFERRAL ELIGIBILITY FORM**

Name:(please print) \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Please describe your home's exterior \_\_\_\_\_

Is the house number on the house or mailbox? \_\_\_\_\_

Do you have a physical disability? Circle one. **Yes** **No**

Do you have a mental disability or cognitive impairment? Circle one. **Yes** **No**

Do you have Medicaid as a form of insurance? **Yes** **No**

**Note: Individuals under the age of 60 must provide proof of their disability from the Social Security Administration.**

Do you use a mobility aid? i.e. wheelchair, walker, cane, scooter? Please list.  
\_\_\_\_\_

Can you get into a car unassisted? Circle **ONE!** **Yes** **No**

**Emergency Contact information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

**Please mail or deliver the completed form to your senior center:**

East Lyme Senior Center – 37 Society Road – Niantic, CT 06357

- *To minimize abuse, all trips are subject to random audit.*
- *Service is not available to Nursing Homes.*

**We reserve the right to deny transportation to any individual who does not meet the criteria for the transportation program.**

I have read and understand the guidelines of the municipal medical transportation service, which is attached.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date