

TRANSPORTATION SERVICES
EAST LYME SENIOR CENTER

The information obtained through this application process will only be used by the Senior Center for the provision of transportation services. The information will not be provided to any other person or agency.

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Race: White _____ Black _____ Hispanic _____ Asian/Pacific Islander _____
American Indian/Alaskan Native _____ Indian _____

Emergency Contact Name and Relationship: _____

Emergency Contact Phone Number: _____

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

Manual Wheelchair _____ Electric Wheelchair _____ Cane _____ Walker _____

Powered Scooter _____ Crutches _____ Guide Dog _____

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: _____